

L05000108407

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Limited Liability Company's Name

RENEW UNISEX SALON & SPA, LLC

06

2. Principal Office Address - No P.O. Box #

201 SE 15th

Suite, Apt. #, etc.

Suite 104

City & State

Deerfield Beach, FL

Zip

33441

Country

USA

3. Mailing Office Address

6911 W 124th Street

Suite, Apt. #, etc.

Apt. 1402

City & State

Overland Park, KS

Zip

66209

Country

USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

11/08/2005

6. FEI Number

42-1683552

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$500 Additional Fee required
for a Certificate of Status

CR2E041 (12/07)

8. Name and Address of Current Registered Agent

Name

Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)

1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

☐ A \$100 reinstatement fee is imposed, except
in circumstances which the entity did not
receive the prior notices. By checking this
box, you are certifying the prior notices were
not received and requesting the \$100
reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

Cynthia L. Harris

REGISTERED AGENT MUST SIGN

Cynthia L. Harris
Asst. Vice President

Date

10/15/08

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MD	Ana M. Azucena	6911 W 124th Street, Apt 1402	Overland Park, KS 66209

REINSTATEMENT 2006-2008

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.405, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of
Managing Member/Manager

[Signature]

Date

10/12/08

Daytime Phone #

9135448387

Typed or printed name of signing Managing Member/Manager



CORPORATION SERVICE COMPANY

L05000108407

ACCOUNT NO. : 072100000032

REFERENCE : 757933 7498390

AUTHORIZATION :

COST LIMIT : \$ 516.25

ORDER DATE : October 14, 2008

ORDER TIME : 8:51 AM

ORDER NO. : 757933-005

CUSTOMER NO: 7498390

BK

FILED
08 OCT 15 PM 2:15
TALLAHASSEE, FLORIDA

DOMESTIC FILINGS

NAME: RENEW UNISEX SALON & SPA, LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Cindy Harris - Ext# 2937

EXAMINER'S INITIALS

NYK

RECEIVED
08 OCT 15 AM 10:46
DEPT. OF REVENUE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA