

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 DEC 17 AM 11:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300163726893

12/17/09--01040--005 **277.50
CR2E041 (11/09)

DOCUMENT #

LD0000023155

1. Limited Liability Company's Name

HAIR Is IN Unisex Salon, Spa 08
& Boutique, LLC

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

5563-5565 No St

Suite, Apt. #, Etc.
North State
Road 7

City & State
North FL
Lauderdale

Zip Country
33319 USA

3. Mailing Office Address

5563-5565 No St Rd 7

Suite, Apt. #, etc.

City & State
North FL
Lauderdale

Zip Country
33319 USA

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

1988

6. FEI Number

Applied For

☒ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name
Peggy Nisbett-Rigg

Street Address (P.O. Box Number is Not Acceptable)
5563-5565 North State Road 7

Suite, Apt. #, Etc.

City
North Lauderdale

State
FL

Zip Code
33319

☒ 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

Peggy Nisbett-Rigg

REGISTERED AGENT MUST SIGN

Date 13th December 2009

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
mgt owner	Peggy Nisbett-Rigg	7009 NW 49th St Lauderhill FL 33319	Lauderhill FL 33319

REINSTATEMENT 2008-2009
without Penalty up 12/18

11. E-mail Address: peggrigg@yahoo.com

(To be used for future annual report notifications)

12. 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 608.406, 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

Peggy Nisbett-Rigg

Date

13th Dec 2009

Daytime Phone #

954 486-2472

Typed or printed name of signing Managing Member/Manager

Peggy Nisbett-Rigg

277P