2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Oct 13, 2008
Secretary of State

DOCUMENT# L06000052029

Entity Name: REAL VISON BARBER ACADEMY, LLC

Current Principal Place of Business:

2255 N WASHINGTON BLVD
BACK ENTRANCE
SARASOTA, FL 34234

New Principal Place of Business:

455 N. LIME AVE.
SARASOTA, FL 34237

Current Mailing Address:

2255 N WASHINGTON BLVD
BACK ENTRANCE
SARASOTA, FL 34234

New Mailing Address:

455 N. LIME AVE.
SARASOTA, FL 34237

FEI Number: 20-4911998 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

WAITERS, BARBARA
2255 N WASHINGTON BLVD
BACK ENTRANCE
SARASOTA, FL 34234 US

Name and Address of New Registered Agent:

WATKINS, CORNELIUS MANAGER
455 N. LIME AVE.
SARASOTA, FL 34237 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: CORNELIUS WATKINS 10/13/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGMR ( ) Delete
Name: WAITERS, BARBARA
Address: 2255 N WASHINGTON BLVD
City-St-Zip: SARASOTA, FL 34234

ADDITIONS/CHANGES:

Title: MGMR (X) Change ( ) Addition
Name: WATKINS, CORNELIUS
Address: 455 N. LIME AVE.
City-St-Zip: SARASOTA, FL 34237

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: CORNELIUS WATKINS MGMR 10/13/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date