


2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 OCT 12 PM 3:21

DOCUMENT # L06000082421	
1. Entity Name TRU- CO HAIRDRESSERS LIMITED LIABILITY COMPANY	

Principal Place of Business 13278 TOUCHSTONE PLACE PALM BEACH GARDEENS, 33418	Mailing Address 13278 TOUCHSTONE PLACE PALM BEACH GARDEENS, 33418
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2. Principal Place of Business - No P.O. Box # 13278 TOUCHSTONE PLACE	3. Mailing Address SAME
Suite, Apt. #, etc. Palm Beach Gardens	Suite, Apt. #, etc. SAME
City & State FL	City & State SAME
Zip 33418	Country

10082007 REIN-LLC CR2E101 (1/07)

6. Name and Address of Current Registered Agent	
TORETZKY, JESSE W 13278 TOUCHSTONE PLACE PALM BEACH GARDEENS, FL 33418	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Jesse W. Toretzky* DATE 10/8/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00 After January 1, 2008, Fee will be \$100.00	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS	
TITLE OWNER	<input type="checkbox"/> Delete
NAME JESSE W. TORETZKY	
STREET ADDRESS 13278 TOUCHSTONE PL.	
CITY-ST-ZIP PALM BEACH GARDEENS, FL 33418	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS/CHANGES	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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10/12/07--01067--015 **50.00

REINSTATEMENT 2007

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: *Jesse W. Toretzky* DATE 10/8/07 (845) 442-5345
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE