PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY COMPANY REINSTATEMENT**

**FLORIDA DEPARTMENT OF STATE**
Secretary of State
DIVISION OF CORPORATIONS

07 NOV 28 AM 11:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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11/27/07--01003--004 **50.00

CR2E041 (1/07)

DOCUMENT # L06000098543

1. Limited Liability Company's Name
INDULGE HAIR SALON LLC
2200 PORT MALABAR BLVD
SUITE #4 PALM BAY FL 32905

| 2. Principal Office Address - No P.O. Box # | 3. Mailing Office Address |
|---|---|
| 2200 PORT MALABAR BLVD. | 2200 PORT MALABAR BLVD. |
| Suite, Apt. #, etc.: #4 | Suite, Apt. #, etc.: #4 |
| City & State: Palm Bay FL | City & State: Palm Bay FL |
| Zip: 32905 Country: | Zip: 32905 Country: |

4. State/Country of Formation:

5. Date Organized or Qualified To Do Business In Florida:

6. FEI Number: [X] 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: ANDREA FAGAN
Street Address (P.O. Box Number is Not Acceptable): 2200 PORT MALABAR BLVD
Suite, Apt. #, Etc.: #4
City: Palm Bay State: FL Zip Code: 32905

[X] 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: Andrea Fagan
REGISTERED AGENT MUST SIGN
Date: NOV-18-2007

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 |
|---|---|---|---|
| MGR | ANDREA FAGAN | 2200 PORT MALABAR BLVD | Palm Bay FL 32905 |
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REINSTATEMENT 07

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 608.406, 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: Andrea Fagan Date: NOV-18-07 Daytime Phone #: 321-768-1728

Typed or printed name of signing Managing Member/Manager: _____