

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L06000118720

1. Limited Liability Company's Name

FOREVER BEAUTY FULL, LLC

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

601 N Congress Ave.

Suite, Apt. #, etc.

Ste 310

City & State

Delray Beach, FL

Zip

33445

Country

USA

3. Mailing Office Address

601 N Congress Ave.

Suite, Apt. #, etc.

210

City & State

Delray Beach, FL

Zip

33445

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified

To Do Business in Florida 12/13/2006

6. FEI Number

90-0449023

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

Monica Gheresi

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

601 N Congress Ave

Suite, Apt. #, Etc.

310

City

Delray Beach

State

FL

Zip Code

33445

☒ 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

Monica Gheresi
REGISTERED AGENT MUST SIGN

Date 3/09/09

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
MGRM	Monica Gheresi	601 N Congress Ave Ste 310	Delray Beach, FL 33445

REINSTATEMENT

2007-09

S. HAWKES

MAR 18 2009

EXAMINER

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

Monica Gheresi

Date 3/09/09

Daytime Phone # 561-274-8400

Typed or printed name of signing Managing Member/Manager

MONICA GHERESI

09 MAR 17 AM 10:23
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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CR2E041 (10/08)