


# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

<b>DOCUMENT # L06000122131</b> 1. Entity Name CUSTOMIZE HAIR SOLUTIONS, LLC						<div style="font-size: 2em; opacity: 0.5;">FILED</div> <div style="font-size: 1.2em;">2009 FEB 24 PM 1:23</div> <div style="font-size: 0.8em;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div>			
Principal Place of Business 2290 BOGGY CREEK RD. KISSIMMEE, FL 34743				Mailing Address 3943 CEDAR HAMMOCK TRAIL ST CLOUD, FL 34772					
2. Principal Place of Business - No P.O. Box # 615 N. Main Street				3. Mailing Address Suite, Apt. #, etc.					
City & State Kissimmee FL				City & State St Cloud FL					
Zip 34743		Country USA		Zip 34772		Country FL			
4. FEI Number NOT APPLICABLE				Applied For Not Applicable					
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent REID'S INCOME TAX & COMPUTER SERVICE, LLC 5419 NORTH STATE ROAD 7 TAMARAC, FL 33319				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 <u>Warren D Riedel</u> DATE <u>2/9/09</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>									
<b>FILE NOW!!! FEE IS \$277.50</b>		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			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES					
TITLE NAME STREET ADDRESS CITY-ST-ZIP MGR TUCKER, DAWN 3943 CEDAR HAMMOCK TRAIL ST CLOUD, FL 34769				TITLE NAME STREET ADDRESS CITY-ST-ZIP 500144171795 02/23/09--01010--008 **277.50					
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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: <u>Warren D Riedel</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				Date: <u>2/11/09</u>				Daytime Phone #: <u>407.344.460</u> <u>954.593.2701</u>	