

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L07000013226

1. Limited Liability Company's Name

INSPIRATIONAL HAIR DESIGNS, LLC

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

1251 10th Street

Suite, Apt. #, etc.

City & State

LAKE PARK Florida

Zip

33403

Country

USA

3. Mailing Office Address

1251 10th Street

Suite, Apt. #, etc.

City & State

LAKE PARK Florida

Zip

33403

Country

USA

4. State/Country of Formation

Florida - USA

5. Date Organized or Qualified
To Do Business in Florida

2-5-2007

6. FEI Number

208391614

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

Linette Battle

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

6084 Seminole Gardens Circle

Suite, Apt. #, Etc.

City

Palm Beach Gardens

State

FL

Zip Code

33418

☒ 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

REGISTERED AGENT MUST SIGN

Date

2-24-10

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
<u>owner</u>	<u>Linette Battle</u>	<u>6084 Seminole Gardens Circle</u>	<u>PBG FL 33418</u>

REINSTATEMENT

08/10

RL

11. E-mail Address:

linbattl@qolicon

(To be used for future annual report notifications)

12. 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

Date

2-24-10

Daytime Phone #

(561)

255-6734

Typed or printed name of signing Managing Member/Manager