PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
13 DEC 31 PM 5:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILING CANCELLED
RETURNED CHECK
CR2E041 (12/13)

DOCUMENT #

1. Limited Liability Company's Name
Forte' Salon, LLC
L07000029611

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
5731 Seminole Blvd	← same
Suite, Apt. #, etc. C	Suite, Apt. #, etc. ← same
City & State Seminole, Fl	City & State Florida
Zip 33772 Country US	Zip 33772 Country

4. State/Country of Formation Seminole, Fl, US
5. Date Organized or Qualified To Do Business in Florida 04/2007
6. FEI Number 75-323-6377 ☐ 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: Erin Aldrich
Street Address (P.O. Box Number is Not Acceptable): 10614 53rd Ave North
Suite, Apt. #, Etc.:
City: St Petersburg State: FL Zip Code: 33708

E-mail Address:
000255140010
12/31/13--01023--003 **238.75
Fortesalonealdrich@yahoo.com
(To be used for future annual report notices)

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent Erin Aldrich Date 12/30/13
REGISTERED AGENT MUST SIGN

10. Names and Addresses of Each Person Authorized to manage the Limited Liability Company

Titles AMBR/MGR	Name of Authorized Person	Street Address of Each Authorized Person	City / State / Zip
Mgr	Erin Aldrich	10614 53rd Ave N.	St Petersburg, Fl 33708
		REINSTATEMENT	

11. I certify that I am an authorized person empowered to execute this application as provided for in Chapter 605, 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 Chapter 605, 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Authorized Person Erin Aldrich Date 12/30/13 Daytime Phone # 727-278 2070

Typed or printed name of signing Authorized Person

DEC 31 2013