PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

COMPANY REINSTATEMENT	RIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		Tomore is a militaria for a second of the se
DOCUMENT # LD700039026		11 JUN 16 AM 10: 47	
1. Limited Liability Company's Name Beauty Salon			SECRETARY OF STATE TALLAHAGSEE, FLORIDA
		ł	CR2E041 (1/11)
2. Principal Office Address - No P.O. Box # HW/3. Mailing Office Address 414 NORTH DIXIC		State/Country of Formation	
Suite, Apt. #, etc. Suite, Apt. #, etc.		FL	
City & State City & State		Date Organized or Qualified To Do Business in Florida	
Lantana FL 3346Z		6. FEI Numbe	Applied For Not Applicable
3346Z USA Zip	Country	7. CERTIFICATE	OF STATUS DESIRED S5.00 Additional Fee regulred for a Certificate of Status
8. Name and Address of Current Registered Agent			
Maritza Reyes		E-mail Address:	
Street Address (P.O. Box Number is Not Acceptable) 13.12 TYCICKWINGS WOLY Suite, Apt. #, Etc.		600208812436 06/13/1101052005 **377.50	
		mariareyes de 150 yarroo	
Lantang FL 33462		(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 608, F.S. Signature of Registered Agent Date REGISTERED AGENT MUST SIGN			
10. Names and Street Addresses of Managing Members/Managers			
Titles Name of Managing Members/Managers	Street Address of Each Managing Member/Mana	ger	City / State / Zip
Ms. Maritza Reye	S Linheina FL 3	3462	Lantana FL 33462
		· · · · · · · · · · · · · · · · · · ·	
	REI	NSTA	TEMENT
			10-11
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 filling 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 filling 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 filling 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 filling 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 filling this reinstatement application the requirements of section 608.406, F.S., and that filling 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 filling 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 filling 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 filling 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 filling this reinstatement application is true and accurate, and my signature shall have the same legal effect at least the requirement application for the reason for dissolution application is true and accurate, and my signature shall have the same legal effect at least the requirement application for t			
Typed or printed name of signing Managing Member/Manager			