

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

11 JUN 16 AM 10:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L07000039026**

1. Limited Liability Company's Name
Maritza's Beauty Salon

CR2E041 (1/11)

2. Principal Office Address - No P.O. Box # **HWY 414 NORTH DIXIE**
Suite, Apt. #, etc.

3. Mailing Office Address
Suite, Apt. #, etc.

City & State
Lantana FL 33462

City & State

Zip Country Zip Country
33462 USA

4. State/Country of Formation
FL

5. Date Organized or Qualified To Do Business in Florida

6. FEI Number 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
Maritza Reyes

Street Address (P.O. Box Number is Not Acceptable)
1312 Tradewinds Way

Suite, Apt. #, Etc.

City State Zip Code
Lantana FL 33462

E-mail Address:
600208812436
06/13/11--01052--005 **377.50
mariareyesdr150@yahoo
(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 **Maritza Reyes** Date **6/2/2011**
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/Manager	City / State / Zip
Ms.	Maritza Reyes	1312 Tradewinds Way Lantana FL 33462	Lantana FL 33462

REINSTATEMENT
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 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. 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 Managing Member/Manager **Maritza Reyes** Date **06/2/2011** Daytime Phone # **5618390949**

Typed or printed name of signing Managing Member/Manager