

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L07000108072

1. Limited Liability Company's Name

Glamour Unisex salon, LLC

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

5867 Lake Worth Road

Suite, Apt. #, etc.

3. Mailing Office Address

Same as Principal

Suite, Apt. #, etc.

City & State

Greenacres

City & State

Zip

33463

Country

Palm Beach

Zip

Country

4. State/Country of Formation

Florida

5. Date Organized or Qualified  
To Do Business in Florida

10/24/2007

6. FEI Number

75-3255053

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  
Urania Lopez

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

5867 Lake Worth Road

Suite, Apt. #, Etc.

City

Greenacres

State

FL

Zip Code

33463

E-mail Address:

500199542345

06/08/11--01028--001 \*\*230.75

500199542345

07/08/11--01019--008 \*\*316.25

(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/Manager	City / State / Zip
Mgr	Urania Lopez	5867 Lake Worth Road	Greenacres, FL 33463

REINSTATEMENT

08/11  
6/2

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

Date March 22, 2011

Daytime Phone # 561-215-4549

Typed or printed name of signing Managing Member/Manager Urania Lopez