

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000113836

FILED
Dec 01, 2008
Secretary of State

Entity Name: DIVYA HAIR INTERNATIONAL LLC

Current Principal Place of Business:

1273 SUSSEX DRIVE
NORTH LAUDERDALE, FL 33068 US

New Principal Place of Business:

8020 HAMPTON BLVD #504
NORTH LAUDERDALE, FL 33068 US

Current Mailing Address:

1273 SUSSEX DRIVE
NORTH LAUDERDALE, FL 33068 US

New Mailing Address:

8020 HAMPTON BLVD #504
NORTH LAUDERDALE, FL 33068 US

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

CHEVANNES, FIONA
1273 SUSSEX DRIVE
NORTH LAUDERDALE, FL 33068 US

Name and Address of New Registered Agent:

CHEVANNES, FIONA
8020 HAMPTON BLVD #504
NORTH LAUDERDALE, FL 33068 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: FIONA CHEVANNES

12/01/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: CHEVANNES, FIONA
Address: 1273 SUSSEX DRIVE
City-St-Zip: NORTH LAUDERDALE, FL 33068 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: CHEVANNES, FIONA
Address: 8020 HAMPTON BLVD #504
City-St-Zip: NORTH LAUDERDALE, FL 33068 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: FIONA CHEVANNES

MGRM

12/01/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date