
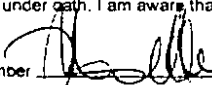


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

2018 MAY 21 PM 2:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA200313750072
05/21/18--01043--012 **932.50

LIMITED LIABILITY COMPANY REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L08000028516 1. Limited Liability Company's Name HAIR TRENDZ MIAMI LIMITED LIABILITY COMPANY					
2. Principal Office Address - No P.O. Box # 12771 N KENDALL DR		3. Mailing Office Address 11200 NW 25TH ST		CR2E041 (1/14)	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 125		4. State/Country of Formation FL/USA	
City & State MIAMI, FL		City & State MIAMI, FL		5. Date Organized or Qualified To Do Business in Florida 3/19/2008	
Zip 33186	Country U.S.A	Zip 33172	Country U.S.A	6. FEI Number 41-2273050	
				Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$5.00 Additional Fee required for a certificate of status	
8. Name and Address of Current Registered Agent Name MARIA H HEDMANN Street Address (P.O. Box Number is Not Acceptable) Suite 12420 SW 100TH ST Apt. #, Etc. 					
City MIAMI		State FL	Zip Code 33186		
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 _____ Date 05/16/18 REGISTERED AGENT MUST SIGN					
10. Names and Street Addresses of Authorized Representatives/Managers					
Titles	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager		City / State / Zip	
MGRM	ANDREW HEDMANN	12420 SW 100TH ST		MIAMI/FL/33186	
11. E-mail Address TANYA@CELLTOUCH.COM (To be used for future annual report notifications)					
12. I certify that I am an authorized representative/ manager or the receiver or trustee 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 requirement of section 605.0012, 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 representative/member 		Date 05/16/18		Daytime Phone # 305.513.0300	
Typed or printed name of signing authorized representative/member MARIA H HEDMANN					