PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 JUL -2 AM 10:35

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

900237035249
07/02/12--01033--006 **516.28

CR2E041 (1/11)

DOCUMENT # L08000083448

1. Limited Liability Company's Name
SIBKJB BEAUTY LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1210 BOWMON ST	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Clermont FL	City & State: Same
Zip: 34711 Country:	Zip: Same Country:

4. State/Country of Formation: FLORIDA

5. Date Organized or Qualified To Do Business in Florida: 9/2/2008

6. FEI Number: 800372690 ☐ 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: KENNETH BLAIR

Street Address (P.O. Box Number is Not Acceptable): 10730 PARKWAY DR

Suite, Apt. #, Etc.:

City: Clermont State: FL Zip Code: 34711

E-mail Address: Kblair67250@hotmail.com
(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: [signature] Date: 6/19/12
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	Kenneth Blair	10730 Parkway DR	Clermont FL 34711

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: [signature] Date: 6/19/12 Daytime Phone #: 352 243 7383 / 352 978 8720

Typed or printed name of signing Managing Member/Manager:

REINSTATEMENT 2010 - 2012

JUL 11 2012

T. HAMPTON