

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

12 AUG 21 AM 10:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L09000004720

1. Limited Liability Company's Name

Naples Hair Company LLC

CR2E041 (1/11)

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

248 Riverwood Rd

3. Mailing Office Address

248 Riverwood Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Naples FL

City & State

Naples FL

Zip

34114

Country

USA

Zip

34114

Country

USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified To Do Business in Florida

1/15/2009

6. FEI Number

20-405220V

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 J. Cebulski

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

248 Riverwood Road

Suite, Apt. #, Etc.

City

Naples

State

FL

Zip Code

34114

E-mail Address:

000238695970
08/21/12--01005--027 **516.25

x THOMASC170 @ AOL.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

Kenneth J. Cebulski

REGISTERED AGENT MUST SIGN

Date 8-16-12

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
MGRM	<u>Valent, dc Cebulski</u>	<u>248 Riverwood Rd</u>	<u>Naples FL 34114</u>
MGRM	<u>Kenneth Cebulski</u>	<u>248 Riverwood Rd</u>	<u>Naples, FL 34114</u>

REINSTATEMENT 10-12

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

x Kenneth Cebulski

Date 8-16-12

Daytime Phone # 339-7752811

Typed or printed name of signing Managing Member/Manager