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

CR2E041 (1/11)

1. Limited Liability Company's Name
Naples Hair Company LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
248 Riverwood Rd	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: 11/15/2009

6. FEI Number: 20-4052206 ☐ 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 x Kenneth Cebulski Date 8-16-12
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
MGRM	Valentine Cebulski	248 Riverwood Rd	Naples FL 34114
MGRM	Kenneth Cebulski	248 Riverwood Rd	Naples, FL 34114
	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 # 239-775-2811

Typed or printed name of signing Managing Member/Manager