

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 DEC 22 PM 12:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L09000026821

1. Limited Liability Company's Name

BD Michaels Salon, LLC

800188944468
12/22/10--01014--026 **238.75

CR2E041 (05/10)

2. Principal Office Address - No P.O. Box # 7119 S Tamiami Trail		3. Mailing Office Address 7119 S Tamiami Trail	
Suite, Apt. #, etc. H		Suite, Apt. #, etc. H	
City & State Sarasota FL		City & State Sarasota FL	
Zip 34231-5517	Country USA	Zip 34231-5517	Country USA

4. State/Country of Formation Florida	
5. Date Organized or Qualified To Do Business in Florida 03/19/2009	
6. FEI Number 26-4518625	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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 Erin A Konrath			
Street Address (P.O. Box Number is Not Acceptable) 7119 S Tamiami Trail			
Suite, Apt. #, Etc. H			
City Sarasota		State FL	Zip Code 34231

REINSTATEMENT 2010 Sam

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 *Erin Konrath* Date 11-30-10
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 member	Barbara Rogala	2856 Tusket Avenue	North Port, FL 34286

11. E-mail Address: _____
(To be used for future annual report notifications)

12. 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.

Signature of Managing Member/Manager *Barbara Rogala* Date 11-26-10 Daytime Phone # 247-803-8953

Typed or printed name of signing Managing Member/Manager