

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

12 APR 30 AM 4:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L09000066676

1. Limited Liability Company's Name

**Gabre Beauty Salon, LLC**

CR2E041 (1/11)

2. Principal Office Address - No P.O. Box #  
**608 SW 80th Terrace**

Suite, Apt. #, etc.

3. Mailing Office Address  
**PO Box 772601**

Suite, Apt. #, etc.

City & State  
**North Lauderdale, FL**

Zip  
**33068**

Country  
**US**

City & State  
**Coral Springs, FL**

Zip  
**33077**

Country  
**US**

4. State/Country of Formation  
**Florida/ US**

5. Date Organized or Qualified  
To Do Business in Florida **07/10/2009**

6. FEI Number  
**270580942**

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  
**Raphael Christie**

Street Address (P.O. Box Number is Not Acceptable)  
**608 SW 80th Terrace**

Suite, Apt. #, Etc.

City  
**North Lauderdale**

State  
**FL**

Zip Code  
**33068**

E-mail Address:

**200215825542**  
**01/03/12--01042--021 \*\*243.75**

**Theinrich@RussellLindsayCPA.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

*R. Christie*

Date **12/29/11**

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	Raphael Christie	PO Box 772601	Coral Springs, FL 33077
MGR	Cornelia M. Kelly	PO Box 772601	Coral Springs, FL 33077

**REINSTATEMENT**

*2011*

*DD*

**200215825542**  
**05/01/12--01001--010 \*\*138.75**

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

*R. Christie*

Date **12/29/2011**

Daytime Phone # **347-419-1485**

Typed or printed name of signing Managing Member/Manager **Raphael Christie**



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 6, 2012

GABRE BEAUTY SALON, LLC  
PO BOX 772601  
CORAL SPRINGS, FL 33077

SUBJECT: GABRE BEAUTY SALON, LLC  
Ref. Number: L09000066676

We have received your document for GABRE BEAUTY SALON, LLC and your check(s) totaling \$243.75. However, the document has not been filed and is being retained in this office for the following:

The total amount due to reinstate is \$382.50.

Any reinstatement application received after January 1st must include the fees for next year's annual report. Please be sure to include an additional \$138.75 if your reinstatement is submitted after January 1st.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce  
Regulatory Specialist II

Letter Number: 012A00000415