


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

2016 APR 27 AM 1:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L12000027824

1. Limited Liability Company's Name
CELEBRITY BEAUTY TEMPLE HAIR AND DAY SPA, LLC

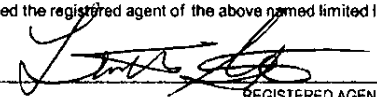
2. Principal Office Address - No P.O. Box # 17845 NW 27TH AVENUE		3. Mailing Office Address 17845 NW 27TH AVENUE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MIAMI GARDENS / FL		City & State MIAMI GARDENS/ FL	
Zip 33056	Country USA	Zip 33056	Country USA

CR2E041 (1/14)

4. State/Country of Formation FLORIDA/ USA	
5. Date Organized or Qualified To Do Business in Florida 2/27/12	
6. FEI Number 46-4436219	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	

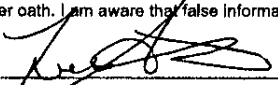
8. Name and Address of Current Registered Agent	
Name LATOYA GAUSE	
Street Address (P.O. Box Number is Not Acceptable) Suite, 17845 NW 27TH AVENUE	
Apt. #, Etc.	
City MIAMI GARDENS	State FL Zip Code 33056

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04/27/16--01002--008 ***\$77.50

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.	
Signature of Registered Agent 	Date 4/22/16
REGISTERED AGENT MUST SIGN	

10. Names and Street Addresses of Authorized Representatives/Managers			
Titles	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip
AR	LATOYA GAUSE	17845 NW 27TH AVENUE	MIAMI GARDENS/ FL 33056
	REINSTATEMENT		
	2015-2016		

11. E-mail Address: WILLIAMS.SHERRIA@GMAIL.COM
(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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 authorized representative/member 	Date 4/22/16	Daytime Phone # 954-744-2029
Typed or printed name of signing authorized representative/member LATOYA GAUSE		

DD 4/28