PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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

14 DEC 23 PM 3:43

SEC....
TALL....

FILING CANCELLED
RETURNED CHECK

CR2E041 (1/14)

DOCUMENT # L12000092608

1. Limited Liability Company's Name

Pretty Remi HAIR LLC

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

1449 Nena hills ct

Suite, Apt. #, etc.

City & State

Tallahassee FL

Zip 32304   Country US

3. Mailing Office Address

1449 Nena hills ct

Suite, Apt. #, etc.

City & State

Tallahassee

Zip 32304   Country US

4. State/Country of Formation

5. Date Organized or Qualified To Do Business in Florida

6. FEI Number   ☑ 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

Brittany Johnson

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

1449 Nena hills ct

Suite, Apt. #, Etc.

City   Tallahassee Fl   State FL   Zip Code 32304

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12/24/14--01001--021 **377.50

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 _____

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
mgmn	Brittany Johnson	1447 Nena hills ct	Tallahassee FL 32304
			S. HAWKES
	REINSTATEMENT		DEC 23 A.M.
			EXAMINER

11. E-mail Address: N/A

(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 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 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 to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of Authorized Representative/Manager _____   Date 12/24/14   Daytime Phone # (954) 854-8818

Typed or printed name of signing Authorized Representative/Manager   Brittany Johnson