

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED AND FILED

14 DEC 23 PM 3:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L12000092608

1. Limited Liability Company's Name

Pretty Remi HAIR LLL

FILING CANCELLED  
RETURNED CHECK

CR2E041 (1/14)

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

1449 NENA hills ct  
Suite, Apt. #, etc.

3. Mailing Office Address

1449 NENA hills ct  
Suite, Apt. #, etc.

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

City & State  
Tallahassee FL  
Zip Country  
32304 US

City & State  
Tallahassee  
Zip Country  
32304 US

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

800267733848  
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

*[Signature]*

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
man	Brittany Johnson	1447 NENA hills ct	Tallahassee FL 32304
<b>REINSTATEMENT</b>			<b>S. HAWKES</b> DEC 23 AM <b>EXAMINER</b>

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

*[Signature]*

Date

12/24/14

Daytime Phone #

(954) 854-8818

Typed or printed name of signing Authorized Representative/Manager

Brittany Johnson