

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
14 DEC -5 AM 8:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L13000022253

1. Limited Liability Company's Name

BeautyProof, LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box # <b>801 Briny Ave</b>		3. Mailing Office Address <b>801 Briny Ave</b>	
Suite, Apt. #, etc. <b>702</b>		Suite, Apt. #, etc. <b>702</b>	
City & State <b>Pompano Beach, Florida</b>		City & State <b>Pompano Beach, Florida</b>	
Zip <b>33062</b>	Country <b>USA</b>	Zip <b>33062</b>	Country <b>USA</b>

4. State/Country of Formation  
**FLORIDA**

5. Date Organized or Qualified  
To Do Business in Florida  
2/12/2013

6. FEI Number  
**46-2022841**

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 <b>PIERRE PINSONNAULT</b>		
Street Address (P.O. Box Number is Not Acceptable) <b>801 BRINY AVE</b>		
Suite, Apt. #, Etc. <b>702</b>		
City <b>Pompano Beach</b>	State <b>FL</b>	Zip Code <b>33062</b>

800267160608  
12/05/14--D1024--004 \*\*243.75

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

REGISTERED AGENT MUST SIGN

Date

**12/2/2014**

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	Lesley Goodson	801 Briny Ave, #702	Pompano Beach, FL 33062
AR	Pierre Pinsonnault	801 Briny Ave, #702	Pompano Beach, FL 33062

**REINSTATEMENT**

DEC 05 2014

R. HUNTER

11. E-mail Address: pierre@beautyproof.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 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

Daytime Phone #

Typed or printed name of signing Authorized Representative/Manager

**PIERRE PINSONNAULT**

**12/2/2014**

**206-790-3771**