

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED  
AND  
FILED

16 MAR -2 AM 11:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L14000004234

1. Limited Liability Company's Name

Hair 101, LLC

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

2312 Apalachee Pkwy  
Suite, Apt. #, etc. 10

3. Mailing Office Address

same  
Suite, Apt. #, etc.

City & State

Talla., Fl.

City & State

Zip

Country

Zip

Country

32301

Leon

8. Name and Address of Current Registered Agent

Name

Felicia Coates

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

2312 Apalachee Pkwy  
Apt. #, Etc. 10

City

Talla., Fl.

State

FL

Zip Code

32301

CR2E041 (1/14)

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

200282859732  
03/02/16--01003--012 \*\*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

Felicia Coates

REGISTERED AGENT MUST SIGN

Date March 2, 2016

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
<u>Owner</u> <u>mgr</u>	<u>Felicia Coates</u>	<u>2312 Apalachee Pkwy #10</u>	<u>Talla., Fl. 32301</u>

REINSTATEMENT

2015-2016

11. E-mail Address fabulousfelicia@hotmail.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

Felicia Coates

Date 3/2/16

Daytime Phone # 850-212-1640

Typed or printed name of signing authorized representative/member

MAR 2 - 2015

M WILLIAMS