

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

16 MAR 30 PM 1:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L14000149297

1. Limited Liability Company's Name  
Parramore Styling, LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box # 430 S Parramore Ave.		3. Mailing Office Address 684 Fanning Dr.	
Suite, Apt. #, etc. Suite A		Suite, Apt. #, etc.	
City & State Orlando		City & State Winter Springs	
Zip 32805	Country USA	Zip 32708	Country USA

4. State/Country of Formation Florida/USA	
5. Date Organized or Qualified To Do Business in Florida September 24, 2014	
6. FEI Number 47-3478013	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  
Danny Persad

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

Apt. # Etc

City  
Winter Springs

State  
FL

Zip Code  
32708

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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 March 24, 2016

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
AMBR	JEFFREY JAMES WEIBEL	1023 EAST LIVINGSTON ST.	Orlando, FL 32803
AMBR	R. DANNY PERSAD	684 Fanning Drive	Winter Springs, FL 32708
			S. HAWKES
			MAR 30 A.M.
			EXAMINER

**REINSTATEMENT**  
2015-2016

11. E-mail Address: dpersad@outlook.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 March 24, 2016

Daytime Phone # 407-760-8837

Typed or printed name of signing authorized representative/member R. Danny Persad