

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L14000154586**

1. Limited Liability Company's Name
My Touch Barber Shop LLC

2. Principal Office Address - No P.O. Box #
1227 Ariana Street

Suite, Apt. #, etc.

City & State
Lakeland FL

Zip
33803

Country
USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

8. Name and Address of Current Registered Agent

Name

Pritesha Hixon

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

321 Valencia Street

Apt. #, Etc.

City

Lakeland

State

FL

Zip Code

33805

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 **9/25/15**

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
Pres	Pritesha Hixon	321 Valencia Street	Lakeland/FL/33805
Mang	Prince Hixon	321 Valencia Street	Lakeland/FL/33805
REINSTATEMENT			S. HAWKES
2015-2015			OCT 2 - A.M.
			EXAMINER

11. E-mail Address **mytouchbarbershop@gmail.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

[Signature]

Date

9/25/15

Daytime Phone #

863-430-8725

Typed or printed name of signing authorized representative/member

FILED

15 OCT -1 AM 9:55

HASSE

CR2E041 (1/14)

4. State/Country of Formation
Florida/USA

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number
320389865

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a certificate of status

no money

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10/01/15--01020--019 **238.75