PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM FILED

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2023 MAY -4 AM 8:53

SECRETARY OF STATE
TALLAHASSEE FLORIDA

CR2E041 (1/14)

DOCUMENT # L15000198587

1 Limited Liability Company's Name
Amoras Grooming Salon, LLC

2 Principal Office Address - No P.O. Box #	3 Mailing Office Address
805 Lake Ave	805 Lake Ave
Suite, Apt. #, etc	Suite, Apt. #, etc
City & State: Lake Worth FL	City & State: Lake Worth FL
Zip: 33460 Country: USA	Zip: 33460 Country: USA

4 State/Country of Formation: Florida

5 Date Organized or Qualified To Do Business in Florida: 11-24-2015

6 FEI Number: 47-5625955 ☐ 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: Janet De La Cruz

Street Address (P.O. Box Number is Not Acceptable) Suite: 400 S. Dixie Hwy

Apt. # Etc: Ste. 12

City: Lake Worth State: FL Zip Code: 33460

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: 3/24/2023
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
	Raquel D. Adams	805 Lake Ave	Lake Worth FL 33460

11 E-mail Address: _____
(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.

T. WILSON

Signature of authorized representative/member: Raquel Adams Date: 3-24-23 Daytime Phone #: 954-471-0161

MAY 04 2023

Typed or printed name of signing authorized representative/member: _____