PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2021 MAR 25 PM 12:07

400362771644
03/25/21--01003--015 **238.75

CR2E041 (1/14)

DOCUMENT # L19000089602

1 Limited Liability Company's Name

BONJOUR HAIR SALON LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
13740 BISCAYNE BLVD	13740 BISCAYNE BLVD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: NORTH MIAMI - FLORIDA	City & State: NORTH MIAMI - FLORIDA
Zip: 33181 Country: USA	Zip: 33181 Country: USA

4. State/Country of Formation: FLORIDA - USA

5. Date Organized or Qualified To Do Business in Florida: 03/23/2019

6. FEI Number: 83-4491881 ☐ 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: ADRIAN GONZALEZ

Street Address (P.O. Box Number is Not Acceptable) Suite,: 13740 BISCAYNE BLVD

Apt. #, Etc:

City: North Miami State: FL Zip Code: 33181

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: 03/23/2021

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
MGR	ADRIAN GONZALEZ	13740 BISCAYNE BLVD	N. MIAMI, FL 33181

REINSTATEMENT

MAR 25 2021

R. HUNT

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.

Signature of authorized representative/member: _____ Date: 03/23/2021 Daytime Phone #: 305-487-3430

Typed or printed name of signing authorized representative/member: ADRIAN GONZALEZ