

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



AND
FILED

03 JAN 27 AM 11:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L98000001884

Name and Mailing Address

0006633 01 FP 0.352 **PRSRT TO O 0615 33815-463524

DOWNTOWN HAIR SALON, L.C.
224 SOUTH MISSOURI AVENUE
LAKELAND FL 33815-4635

REINSTATEMENT

2002 -
2003



2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business 224 SOUTH MISSOURI AVENUE LAKELAND FL 33801		5. Date Organized or Qualified To Do Business in Florida 09/16/1998	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number 59-3532770	Applied For Not Applicable
8. Name and Address of Current Registered Agent PEACHEE, KATHY 247 MARCUM TRACE LAKELAND FL 33809		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.	
		Signature of Registered Agent <i>Kathy A. Peach</i> Date 1-17/03	
		REGISTERED AGENT MUST SIGN	
		11. Names and Street Addresses of Each Managing Member/Manager	
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	PEACHEE, KATHY	247 MARCUM TRACE	LAKELAND FL 33809
MGRM	LYONS, RUTH	2450 ASHLING DRIVE	LAKELAND FL 33803
		700009720787 12/27/02--01071--006 **150.00	
		<i>JB</i>	
		700009720787 01/27/03--01067--008 **50.00	

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, 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 requirements of section 608.406, 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.

Signature of Managing Member/Manager *Kathy A. Peach* Date 12-24-02 Daytime Phone # 863-683-0065

Typed or printed name of signing Managing Member/Manager

CR2E084 (8/02)