

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

9-16-05
\$200.00

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 AUG 22 AM 9:53

DOCUMENT # L98000002493

1. Limited Liability Company's Name

AGELESS BEAUTY L.L.C.

2. Principal Office Address

1401 MANATEE AV. West

Suite, Apt. #, etc.

930

City & State

BRADENTON, FLORIDA

Zip

34205

Country

Manatee

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

Zip

Country

CR2E041 (8/05)

4. State/Country of Formation

USA - FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

10/30/1998

6. FEI Number

650869691

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

USCHI KURSCHNER

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

1401 MANATEE AV. W.

Suite, Apt. #, Etc.

930

City

BRADENTON

State

FL

Zip Code

34205

9. 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

USCHI KURSCHNER
REGISTERED AGENT MUST SIGN

Date

7/17/06

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Owner Manager	USCHI KURSCHNER	1401 Manatee Av. W. St. 930	Bradenton, FL 34205
			800079215498 08/29/06--01023--0007 **200.00
			REINSTATEMENT 05-06

11. 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

USCHI KURSCHNER

Date

7/17/06

Daytime Phone #

(941) 761-8644

Typed or printed name of signing Managing Member/Manager

USCHI KURSCHNER