

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

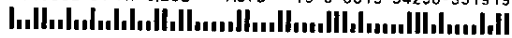
FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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1. DOCUMENT # L99000000045

Name and Mailing Address

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BEAUTY & THE BEAST, LLC  
P.O. BOX 3319  
SARASOTA FL 34230-3319



2. New Mailing Address  City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business 2174 HIBISCUS STREET SARASOTA FL 34239		5. Date Organized or Qualified To Do Business in Florida 01/01/1999	
3. New Principal Place of Business Address 2844 BAY ST City, State, Zip SARASOTA, FL 34237		6. FEI Number 65-0885610 Applied For Not Applicable	
8. Name and Address of Current Registered Agent JORDAN, JENNIFER J 2174 HIBISCUS STREET SARASOTA FL 34239		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2844 BAY ST City SARASOTA FL Zip Code 34237	
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>[Signature]</i> <b>SIGNATURE REQUIRED</b> Date 12/26/03 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	JORDAN, JENNIFER J	<del>2174 HIBISCUS STREET</del> 2844 BAY ST	SARASOTA FL <del>34239</del> 34237
MGRM	WILLIAMS, GREGORY A	<del>2174 HIBISCUS STREET</del> 2844 BAY ST	SARASOTA FL <del>34239</del> 34237
600025884776 12/31/03--01029--013 **300.00			
REINSTATEMENT 03 dec			

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

*[Signature]* **SIGNATURE REQUIRED**

Date 12/26/03 Daytime Phone # 941-957-6411

Typed or printed name of sign Managing Member/Manager GREGORY A. WILLIAMS

CR2EQ84 (7/03)