

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine *VS*
Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 NOV 26 PM 4:15

DOCUMENT # *M-364*

1. Limited Liability Company's Name

SALON SUCCESS INTERNATIONAL, LLC

2. Principal Office Address

7731 Anderson Rd

Suite, Apt. #, etc.

City & State

TAMPA FLA

Zip

33634

Country

USA

3. Mailing Office Address

14100 E. JEWELL AVE

Suite, Apt. #, etc.

19

City & State

AURORA CO

Zip

80012

Country

USA

4. State/Country of Formation

US

5. Date Organized or Qualified
To Do Business in Florida

JAN 2000

6. FEI Number

14-1819659

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

CORPORATION Service Co

400004717894-8

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

1201 HAYS ST

Suite, Apt. #, Etc.

City

TALLAHASSEE

State

FL

Zip Code

32301

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

REGISTERED AGENT MUST SIGN

Date

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
member	<i>JAMES DEBERRY</i>	<i>3333 E. BAYARD AVE #507</i> <i>DENVER</i>	<i>DENVER CO 80209</i>
managing member	<i>Reginald Keith CHANDLER</i>	<i>" "</i>	<i>" "</i>
member	<i>SALON SUCCESS LTD</i>	<i>" "</i>	<i>" "</i>

REINSTATEMENT *2001*

Rein \$100
UBR 50
150 nc

11. I certify that I am managing member/manager of the company 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

Date

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

Reginald Keith CHANDLER

CR2E041 (9/01)