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From:
Account Name : C T CORPORATION SYSTEM
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LIMITED LIABILITY REINSTATEMENT

ARMSTRONG MCCALL MANAGEMENT, L.C.

Certificate of Status	0
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LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 APR -5 AM 10:11
SECRETARY OF STATE
TALLAHASSEE FLORIDA

CR2E041 (6/05)

DOCUMENT # M01000001958

1. Limited Liability Company's Name
Armstrong McCall Management, L.C.

2. Principal Office Address	3. Mailing Office Address
6505 Burleson Road	6505 Burleson Road
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Austin, Texas	City & State: Austin, Texas
Zip: 78744 Country: USA	Zip: 78744 Country: USA

4. State/Country of Formation: Texas

5. Date Organized or Qualified To Do Business in Florida: August 27, 2001

6. FEI Number: 74-2766842 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

8. Name and Address of Current Registered Agent

Name: CT Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 South Plantation Island Road

Suite, Apt. #, Etc.

City: Plantation State: FL Zip Code: 33324

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: Connie Logan Date: 4/4/06
REGISTERED AGENT MUST SIGN

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
MGR	Howard B. Bernick	3600 N. River Road	Melrose Park, Illinois 60160
MGR	Michael N. Renzulli	3001 Colorado Boulevard	Denton, Texas 76210
MGR	Gary Winterhalter	3001 Colorado Boulevard	Denton, Texas 76210
	REINSTATEMENT	2002 - 2006	4/5/2006

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 upon filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.408, 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] Date: 3/28/06 Daytime Phone #: (940) 898-7500

Typed or printed name of signing Managing Member/Manager: Gary Winterhalter

FL110 - 9/05/05 C T System Online

TOTAL P.02

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