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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.			
CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED 04 JUL -8 PM 3:01 SECERATE OF STATE	
DOCUMENT # 59-3681908		SECREMAY OF STATE TALLAMASSEE, FLORIDA	
Gregorieff, Inc			
2 Philadopal Office Addresss 2 Natillagi Office Addresss		PENSTATEMENT 03-04	
636 NORTH LAKE BLUS	Shitte. Apat #, etic.	GANUARA DU EU CORROCA DA MANAGORA	
Genes, Apr. T. Sale.		4. Date theorperstaden Constitut To the Business in Florida	
TARPON SPRINGS, FI	City & Sente	5. FER Númerbæn 5. 9-368/908 Applierd For Moto Applierd Her	
34689. Pinellas	Zip Country	CERTIFICATE OF STATUS DESIRED TO A CHRISTON OF STATUS	
7. Name and Address of Current Registered Agent Name ()			
Street Address (P.O. Box Number is Not Acceptable) O36 NoRTH LAKE BUD 1000=3547741			
036 NORTH LAKE BUD 100038547741 Suite Apt. #_Etc. 22 502 600 600 600 600 600 600 600 600 600 6			
City TARPON S	FRANGS L	State: Zip Code: 89	
8. I. being appointed the registered agent of the above named corporation, am.familiar with and accept the obligations of section 607.0505 or 617.0503. F.S. Signature of Registered Agent Date 6/27/04 REGISTARED AGENT/MUST SIGN 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Titles Name of Officers and/or Director	Street Address of Eac	ach Cin./ State / Zin	
P. Konstantine Gr	egoryelf same a	+3 Above	
VP/S CHypel Gregorieff Same as above Same as above			
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40. Leadily that Lam as officer or director or the rea	alian as to other amount of the overeit this application on	se provided for in chapter 607 or 617. E.S. I further certify that when filing	

a certify that i am an ordicer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filling this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617,0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GREGORIEFF, INC.

636 North Lake Blvd. Tarpon Springs, Fl. 34689 Phone/Fax 727-945-9459 www.ezhaircompany.com

June 29, 2004

Dear Divisions of Corporations,

1 am applying for reinstatement of our Corporation # 59-3681908 for 2003 and 2004. I have enclosed \$150.00 for each year and this letter stating why it has not been filed before this date. Per the copy I am sending, it shows my previous address in Redington Beach. We moved from that address effective May 2002, and we have not received any mailings from the Division since then. I only noticed it was not active when I went to apply for sales tax number.

Please except our payment of \$300.00 for the years 2003, 2004 and reinstate our Corporation number. Our new address is listed in the above letter head. I can send proof of the 2002 moving date if needed.

Sincerely,

Chyrel Gregorieff Gregorieff, Inc.

DBA: EZ Hair Company