1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 SEP 27 AM 8:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000058816

1. Corporation Name

EDEN HAIR STUDIO, INC.

2. Principal Office Address	3. Mailing Office Address
8641 Wellington Loop	8641 Wellington Loop
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Kissimmee	City & State: Kissimmee
Zip: 34747 Country:	Zip: 34747 Country:

04

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number 59-3719243 - ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Antonio Vega-Pacheco

Street Address (P.O. Box Number is Not Acceptable): 8641 Wellington Loop

Suite, Apt. #, Etc.:

City: Kissimmee State: FL Zip Code: 34747

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: A. Vega Pacheco Date: 9-15-04
REGISTERED AGENT MUST SIGN

CR2E081 (01/04)

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 Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Jerald Shields	1022 Glenwood	Orlando Fl 32803
VP	Antonio Vega-Pacheco	8641 Wellington Loop	Kissimmee Fl 34747
		200041454292 09/29/04--01068--001 **150.00	

10. I certify that I am an officer 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 filing 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: A. Vega Pacheco 9-15-04 407-791-9086
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

B

EDEN HAIR STUDIO, INC.
P01000050816

EIN: 593719243

SEPTEMBER 15, 2004

DEPARTMENT OF STATE
DIVISION OF CORPORATION
PO BOX 6327
TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN:

PLEASE WAIVE THE PENALTY AND REINSTATE MY CORPORATION BECAUSE I NEVER RECEIVED THE ANNUAL REPORT AND DEPARTMENT OF STATE OF DISSOLUTION NOTICE
I AM ENCLOSING A CHECK FOR $150.00

THANK YOU FOR YOU ATTENTION,

ANTONIO VEGA-PACHECO- VICE- PRESIDENT