

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600022582616
08/26/03--01052--025 **\$900.00

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **PO1000069019**

1. Corporate Name
RUIZ HAIR SOLUTIONS, INC.

2. Principal Office Address: **555 NE 15th St**
Suite, Apt. #, etc.: **Unit 502**
City & State: **Miami, FL**
Zip: **33132** Country:

3. Mailing Office Address: **555 NE 15th St**
Suite, Apt. #, etc.: **Unit 502**
City & State: **Miami, FL**
Zip: **33132** Country:

4. Date Incorporated or Qualified to Do Business in Florida: **07/11/2001**

5. FEI Number: **65-1128945** 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: **Julio Ruiz**

Street Address (P.O. Box Number is Not Acceptable): **555 NE 15th St**

Suite, Apt. #, Etc.: **Unit 502**

City: **Miami** State: **FL** Zip Code: **33132**

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: *[Signature]* Date: **08/18/03**

REGISTERED 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 Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	Julio C. Rodriguez	555 NE 15th St, Unit 502	Miami, FL 33132
SD	Yanina L. Ruiz	555 NE 15th St, Unit 502	Miami, FL 33132
TD	Julio C. Ruiz	555 NE 15th St, Unit 502	Miami, FL 33132

REINSTATEMENT 02-03 TS

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: *[Signature]* Date: **08/18/03** Daytime Phone #: **305-374-5788**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR22E100 (10/02)

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TO: DIVISION OF CORPORATION
P.O. BOX 6327
TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN:

I NEVER RECEIVED ANY NOTICE FROM YOUR OFFICE FOR THE 2002 UNIFORM BUSINESS REPORT. I HAVE NOT CHANGED MY PRINCIPAL OR MAILING ADDRESS BUT I DID CHANGE MY SUITE NUMBER.

PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT MY CORPORATION IN ITS ACTIVE STATUS AND TO WAIVE ANY LATE FEES.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER.

CORDIALLY


JULIO C. RODRIGUEZ
PRESIDENT