

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

ATX1

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

FILED

03 JUL -7 AM 8:27

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # P96000079193

1. Corporation Name

Before & After Salon, Inc.

2. Principal Office Address

3. Mailing Office Address

5327 N. Airport Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Naples, FL

City & State

Zip

Country

Zip

Country

34109

REINSTATEMENT

02-03

500019854855

05/23/03--01087--018 \*\*600.00

4. Date Incorporated or Qualified To Do Business in Florida

9/24/1996

5. FEI Number

65-0698192

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

George P. Langford

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

3357 Tamiami Trail North

Suite, Apt. #, Etc.

City

Naples

State

FL

Zip Code

34103

500019854855

07/07/03--01029--006 \*\*300.00

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

[Handwritten Signature]

REGISTERED AGENT MUST SIGN

Date

5/13/03

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
D	Tina L. Levan	250 Carcia Road	Naples, FL 34108

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:

[Handwritten Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3-31-03

Daytime Phone #

(239) 464-6330

7/2/03