


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 08 JUL 16 PM 4:01 SECRETARY OF STATE TALLAHASSEE, FLORIDA 02-08 [Signature] REINSTATEMENT CR2E081 (12/07)	
DOCUMENT # P97000103569					
1. Corporation Name VE Salon Inc 3440 US Hwy 19 Holiday FL 34691-1850					
2. Principal Office Address - No P.O. Box # 3440 US Hwy 19 Suite, Apt. #, etc.		3. Mailing Office Address 3440 US Hwy 19 Suite, Apt. #, etc.			
City & State Holiday FL Zip 34691 Country USA		City & State Holiday FL Zip 34691 Country USA		4. Date Incorporated or Qualified To Do Business in Florida 12/08/1997	
				5. FEI Number 59-3478118 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent					
Name Victoria Elonzae					
Street Address (P.O. Box Number is Not Acceptable) 5614 DELAWARE AVE.					
Suite, Apt. #, Etc. NEW PORT RICHEY					
City New Port Richey				State FL	Zip Code 34652
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 Victoria Elonzae				Date 7/9/08	
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	
P	Victoria Elonzae	5614 DELAWARE		New Port Richey FL 34652	
				700133003177 07/16/08--01013--012 **1050.00	
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 contained in Chapter 119, 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: Victoria Elonzae				7/9/08 727 8480265	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date	Daytime Phone #