

2005 FOR PROFIT CORPORATION REINSTATEMENT

102

DOCUMENT# P02000081536		
1. Entity Name HAIR ART STUDIO, INC.		

FILED

05 OCT 25 AM 11:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 18050 W DIXIE HWY NORTH MIAMI BEACH, FL 33162 US	Mailing Address 2750 WILLIAMS ISLAND BLVD. APT. 2407 AVENTURA, FL 33160 US
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10172005 REIN-P CR2E098 (6/04)

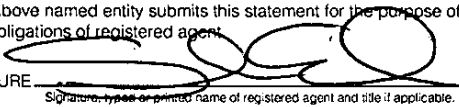
2. Principal Place of Business 18050 West Dixie Hwy	3. Mailing Address 1866 NE 177 St
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State NMB Fla 33160	City & State NMB Fla
Zip Dade USA	Zip 33162 Dade U.S.A

4. FEI Number 16-1618321	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SOLANO, SHARON 1866 N.E. 177TH STREET NORTH MIAMI, FL 33162	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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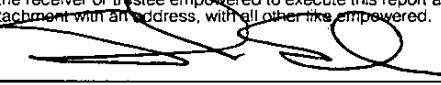
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  **SHARON Salano Oct 20, 2005**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$750.00 After January 1, 2006, Fee will be \$900.00	
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SOLANO, SHARON 1866 N.E. 177TH STREET NORTH MIAMI BEACH, FL 33162 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200060901102 10/25/05--01002--019 **150.00 ☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **Sharon Salano Oct 20, 2005**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

To Whom it May Concern,

I never recieved the Renewal Notice, it was sent to the wrong address.

My address is 1866 NE 177 St NMB Flc 33162

Please accept my apology. I spoke with your office operator and she told me to send a letter to you with the correct address and payment.
Thank you

Shereen Sol

Heir Art Studio

3059318885