

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

1997 MAY -1 PM 2:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION
FOR
REINSTATEMENT

DOCUMENT # L29249

1. Corporation Name

MAKING WAVES FAMILY HAIR CARE, INC.

Mailing Address Principal Place of Business
c/o Dennis S. Gold 2335 Tamiami Trail N. Naples, FL. 33940
c/o Dennis S. Gold 2335 Tamiami Trail N., Ste 301 Naples, FL. 33940

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

DO NOT WRITE IN THIS SPACE

2. New Mailing Address, If Applicable

3. New Principal Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

Ann Cheshire
Suite, Apt. #, etc.
4865 Golden Gate Pkwy.

Ann Cheshire
Suite, Apt. #, etc.
4865 Golden Gate Pkwy.

11/08/89

City & State
Naples, FL.

City & State
Naples, FL.

5. FEI Number
59-2535685

Applied For
Not Applicable

Zip
34116

Country

Zip
34116

Country

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

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P,VP, S,T, D	ANN CHESHIRE 4865 Golden Gate Pkwy. Naples	4865 Golden Gate Pkwy.	Naples, FL. 34113
			500002169455--4 -05/07/97--01064--002 ***915.00 ***915.00
			REINSTATEMENT 96-97 SCC 5-1-97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GOLD, DENNIS S.
2335 TAMIAMI TRAIL N.
SUITE 301
NAPLES, FL 33940

Name
ANN CHESHIRE
Street Address (P.O. Box Number is Not Acceptable)
4865 Golden Gate Pkwy.
Suite, Apt. #, Etc.
City
Naples
State
FL
Zip Code
34116

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

Ann Cheshire
REGISTERED AGENT MUST SIGN

Date 4/30/97

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box (See other side for additional information.)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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:

Ann Cheshire 4/30/97 941 413 7228
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

CR2E040 (6/94)