

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1982

APPLICATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 JAN 29 AM 7:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L33322

1. Corporation Name
ROBERT'S HAIR DESIGN, INC.

Principal Place of Business Mailing Address
C/O ROBERT CABRERA % ROBERT CABRERA
12751 SW 42ND ST 5050 N.W. 7TH ST., APT. 420
MIAMI FL 33175 MIAMI FL 33126
US



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

2. New Principal Office Address, If Applicable 12751 SW 42 ST. SUITE 23 MIAMI, FLORIDA 33175		3. New Mailing Office Address, If Applicable 12751 SW 42 ST. SUITE 23 MIAMI, FLORIDA 33175		4. Date Incorporated or Qualified To Do Business in Florida 11/29/1989	
5. FEI Number 65-0172760		Applied For		Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$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
DP	CABRERA, ROBERT	1500 S.W. 71ST. AVE. 1500 SW 71 AVE.	MIAMI FL 33144 MIAMI, FL 33144

500002421755--1
02/04/98 01106 005
****315.00 ****315.00

130-98

8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent

CABRERA, ROBERT 1500 S.W. 71ST. AVE. MIAMI FL 33144	Name	
	Street Address (P.O. Box Number is Not Acceptable)	
	Suite, Apt. #, Etc.	
	City	State Zip Code FL

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 _____ Date _____
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No
(See other side for information on intangible tax.)

12. 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: ROBERTO CABRERA 1/27/98 305 553 7776
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP22E040 (8/97)

2062

Robert's Hair Design, Inc.
12757 SW. 42nd Street, Suite 23
Miami, Florida, 33175

January 23, 1998

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida, 32314

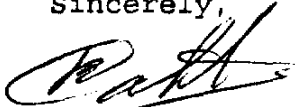
Dear Sir/Madam:

The purpose of this letter is to respectfully request that you waive the reinstatement penalties for Robert's Hair Design, Inc. As you can see, the address for my business is wrong as well as the mailing address. We never received the report and the fee went unpaid for that reason. We have always filed and paid all our taxes in a timely basis.

Enclosed please find our check for \$315.00 to cover the fees for last year and this year.

We thank you for your kind consideration in this matter.

Sincerely,



Roberto Cabrera,
President