

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P 00000009534			
1. Corporation Name Patrick's Hair Studio, Inc.			
2. Principal Office Address 15254 Spring Hill Drive Suite, Apt. #, etc. City & State Spring Hill, FL Zip 34604 Country USA		3. Mailing Office Address 15254 Spring Hill Drive Suite, Apt. #, etc. City & State Spring Hill, FL Zip 34604 Country USA	
4. Date Incorporated or Qualified To Do Business in Florida 01/28/00		5. FEI Number 59-3627499 Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$6.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent Name Patrick M. O'Brien Street Address (P.O. Box Number is Not Acceptable) 15254 Spring Hill Drive Suite, Apt. #, Etc. City Spring Hill State FL Zip Code 34604			
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 Date 10/30/01 REGISTERED AGENT MUST SIGN			
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/T/S/ V/D	Patrick M. O'Brien	15254 Spring Hill Drive	Spring Hill, FL 34604
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: Patrick M. O'Brien		Date	(352) 796-0605
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

Patrick's Hair Studio, Inc.
15254 Spring Hill Drive
Spring Hill, Florida 34604
(352) 796-0605

October 30, 2001

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

Re: Reinstatement of Corporation

Dear Sir:

Attached please find the "Corporation Reinstatement" form along with a check for \$150.00. We respectfully request that you reinstate the above-referenced corporation because we did not receive the Uniform Business Report this year. Please note that our current mailing address is that which is listed on this letterhead.

Thank you.

Respectfully,



Patrick O'Brien

POB:djm
Enclosure