

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P00000020598					
1. Entity Name CLASSIC HAIR AND NAILS SALON OF ORLANDO, INC.					
Principal Place of Business 8433 S. JOHN YOUNG PARKWAY ORLANDO, FL 32819			Mailing Address 5005 CITY ST 1313 ORLANDO, FL 32839		
2. Principal Place of Business		3. Mailing Address 7743 Rex Hill Trail Suite, Apt. #, etc. Orlando, FL 32818 City & State Orange			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		Country	
4. FEI Number 59-3629730					
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent RANDOLPH, BARBARA 1514 ABBERTON DRIVE ORLANDO, FL 32837					
7. Name and Address of New Registered Agent					
Name					
Street Address (P.O. Box Number is Not Acceptable)					
City					
State FL Zip Code					
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$300.00				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RANDOLPH, ALDERIDGE 1514 ABBERTON DRIVE ORLANDO, FL 32837				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RANDOLPH, BARBARA 1514 ABBERTON DRIVE ORLANDO, FL 32837				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Empty]				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Empty]				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Empty]				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Empty]				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Empty]				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
200055721752 06/03/05--01061--007 **\$300.00					
[Empty]					
[Empty]					
[Empty]					
[Empty]					
[Empty]					
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: <i>Aldridge F. Randolph</i> 4/20/05					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					