PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

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FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # P00000034147

1. Corporation Name: Salon Kevin Michael Inc.

2. Principal Office Address	3. Mailing Office Address
4312 NE 2nd Ave	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami Fl.	City & State
Zip: 33137 Country: DADE	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: 3/31/2000

5. FEI Number: 65 1006442 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: Kevin Michael Lehr

Street Address (P.O. Box Number is Not Acceptable): 4312 NE 2nd Ave LS

Suite, Apt. #, Etc.

City: Miami State: FL Zip Code: 33137

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: [signature] Date: 12/5/01

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres	Kevin M Lehr	4312 NE 2nd Ave	Miami FL 38137
VP	Kevin M Lehr	4312 NE 2nd Ave	Miami FL 38137
Sec	Kevin M Lehr	4312 NE 2nd Ave	Miami FL 38137

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: [signature] Dec 05-01 305/576-3606

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E081 (9/00)

I never Received The Forms 2nd

First was sent Back, and 2

was sent Back.!

Please wave the fee

Thank you

Kevin Michael