


2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 FEB -3 PM 3:59

DOCUMENT # P00000035900	
1. Entity Name MICHAEL A HAIR SALON, INC.	

Principal Place of Business 3401 BONITA BEACH RD #105 BONITA SPRINGS, FL 34134	Mailing Address 3401 BONITA BEACH RD #105 BONITA SPRINGS, FL 34134
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REINSTATEMENT 05-06



2. Principal Place of Business 28235 Meadow Lark Lane Suite, Apt. #, etc.	3. Mailing Address 28235 Meadow Lark Lane Suite, Apt. #, etc.
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01232006 REIN-P CR2E098 (11/05)

City & State Bonita Springs FL	City & State Bonita Springs FL
Zip 34134	Zip 34134
Country US	Country US

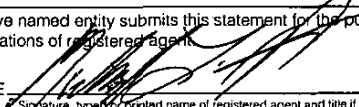
4. FEI Number 59-3645182	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent HINMAN, MICHAEL 3401 BONITA BEACH RD. #105 BONITA SPRINGS, FL 34134
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 28235 Meadow Lark Lane City Bonita Springs FL Zip Code 34134

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: 1-25-06

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D	<input type="checkbox"/> Delete	TITLE Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>	
NAME HINMAN, MICHAEL		NAME 28235 Meadow Lark Lane	
STREET ADDRESS 3401 BONITA BEACH RD. #105		STREET ADDRESS Bonita Springs, FL 34134	
CITY-ST-ZIP BONITA SPRINGS, FL 34134		CITY-ST-ZIP 100065198461	
		02/06/06--01021--008 **300.00	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 the empowered.

SIGNATURE: 	1-25-06 563-508-2538
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date Daytime Phone #</small>