


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 7000004721187-8 1. Corporation Name <i>PO00000037971</i> <i>International B Natural Beauty School, Inc.</i>			
2. Principal Office Address <i>3712 W. Oakland Pk. Blvd</i> <i>LAUDERDALE LKS, FL 33311</i> Suite, Apt. #, etc.		3. Mailing Office Address <i>3712 W. Oakland Pk. Blvd</i> <i>LAUDERDALE LKS, FL 33311</i> Suite, Apt. #, etc.	
City & State <i>LAUDERDALE LKS, FL</i>		City & State <i>LAUDERDALE LKS, FL</i>	
Zip <i>33311</i>	Country <i>U.S.</i>	Zip <i>33311</i>	Country <i>U.S.</i>
4. Date Incorporated or Qualified To Do Business in Florida		5. FEI Number <input checked="" type="checkbox"/> Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status			

152
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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****158.75 ****158.75

7. Name and Address of Current Registered Agent	
Name <i>BESSIE Strum</i>	
Street Address (P.O. Box Number is Not Acceptable) <i>3698 NW 29 Street</i>	
Suite, Apt. #, Etc.	
City <i>LAUDERDALE LAKES, FL</i>	State Zip Code <i>FL 33311</i>

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 <i>Bessie Strum, President</i>	Date <i>11/9/01</i>
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
<i>SP. VP</i>	<i>ERIC L. DENNIS, III</i>	<i>3698 NW 29 St.</i>	<i>LAUDERDALE LKS, FL 33311</i>
<i>Treas.</i>	<i>Natalie Strum</i>	<i>3698 NW 29 St.</i>	<i>LAUDERDALE LKS, FL 33311</i>

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 correct, and my signature shall have the same legal effect as if made under oath.	
SIGNATURE: <i>Eric L. Dennis III Dr. III</i>	Date <i>11-9-01</i> Daytime Phone # <i>(954) 733-4800</i>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	

282

International B Naturale Beauty School, Inc.
3772 W. Oakland Park Blvd.
Lauderdale Lakes, Fla. 33311

November 09, 2001

Florida Department of State
Katherine Harris
Secretary of State
Division of Corporations

To Whom It May Concern:

Please be advised that because the business has long relocated we have not received any renewal Notices and would now like to reinstate our corporate status. We have enclosed a check in the amount Of \$158.75. We appreciate your consideration in this matter.

Sincerely,

Bessie Strum
President

ENCLOSURE

ENCLOSURE: The enclosed has been received by the Division of Corporations and will be used to reinstate our corporate status. We have enclosed a check in the amount of \$158.75. We appreciate your consideration in this matter.

Very truly yours,

Bessie Strum

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