PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED 05 JUL 11 AM 10: 40
DOCUMENT # P00000 73211 1. Corporation Name		SEURETANY OF STATE FALLAHASSEE, FLORIDA
TROPICAL SALON (UNISAY) INC. 13851 AMBELEIGH RD		
ORLANDO FC 3 2. Principal Office Address /385/ Ambel Eigh Ro	3. Mailing Office Address	REMSTATEMENT 04-05
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. Date Incorporated or Qualified
City & State	City & State	To Do Business in Florida
DRIANDO PL		5. FEI Number Applied For Not Applied be
2ip Country 32837 U.S	Zip Country	6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent		
Name GRACE TI GURCIO		
Street Address (P.O. Box Number is Not Acceptable) /385/ Am BE LE LG 1 ROOd		
Suite, Apt. #, Etc.		
City		State Zip Code
DRLANDO FL 32837 8. 1, 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.		
8. 1, 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		
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	
P GRACE Tibuacio	13851 Ambeleigh	Rd Orlando, FL 32837
		500057662535 07/19/0501016025 **300.00
		12 n/15
		12,
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 filling 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: Grace Filming OFFICER OR DIRECTOR Date Daytime Phone #		

Belair Accounting Services Inc.

1631 E. Vine Street, Suite H

Kissimmee, FL 34744

(407) 944-9262

July 5, 2005

Division of Corporation P.O. Box 6327 Tallahassee, FL 32314

RE:

P00000073211

TROPICAL SALON (UNISEX) INC.

EIN: 36-4539923

Sirs:

The reason of this letter is to let you know that by the time of the corporation renew during year 2004, we did not receive the proper paper to pay the renewal.

We are enclosing a check in the amount of \$300.00 to cover the year 2004 and year 2005 that were behind in the corporation.

Should you have any question concerning the above, do not hesitate to contact us.

Sincerely yours,

Grace Tiburcio

Tropical Salon (Unisex), Inc.

13851 Ambeleigh Road

Orlando, FL 32837