## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PLEASE READ ALL INSTRUCTIONS BEFORE	
CORPORATION FLORIDA DEPARTMENT OF STATE	FILED
REINSTATEMENT Secretary of State	03 APR 15 AM 11:29
DIVISION OF CORPORATIONS	OCCUUTADA OF STATE
DOCUMENT # 8 000 000 78664	SECRETARY OF STATE TALLAHASSEE, FLORIDA
DOCUMENT # 9 000 000 78664 1. Corporation Name Frame Hair Salon, Inc	
Frame Hair Salon, 1130	
·	
2. Principal Office Address 3. Mailing Office Address	000016061510 4 04/15/0301023006 **300.00
109 n. Dr. MLKTANE 109 n. CO. MCKJC,	46.
Suite, Apt. #, etc.  Suite, Apt. #, etc.	4. Date Incorporated or Qualified
City & State City & State	To Do Business in Florida 8/// 0.6
Cheapenter FL Cluts. FL	5. FEI Number Applied For Not Applicable
Zip 33755 Country Diallac 33755 Country	6. CERTIFICATE OF STATUS DESIRED (33.75 Additional Georgeufted)
7. Name and Address of Current Registered Agent	
Name Day Canada	
Street Address (P.O. Box Number is Not Acceptable)	
Suite, Apt. #, Etc.	·
	State Zip Code
Cluta	FL 33756
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 REGISTERED AGENT MUST SIGN	Date 4-8-03
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at	least 3 directors)
Titles Name of Street Address of Earth Officers and/or Directors Officer and/or Directors	ach City/State/7in
Prestent Nadia Benjamin 1232 Missari A	re. Apt 509 Clude FC 33756
Trester 10 roun Denjamin 1202 missiany	W. Aprison Charles de Sispe
	.,
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 satisfi owed by the corporation have been paid and the names of individuals listed on this form do not qualify for on this application is true and accurate, and my signature shall have the same legal effect as if made un	es the requirements of section 607.0401 or 617.0401, F.S., that all fees or an exemption under section 119.07(3)(i), F.S. The information indicated
1 di 1 0 (c 1 4 4 - 43 777 149 04117)	
Malie a Chile	4-8-03 777 114904471
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	4-8-03 727 449 0447

Flame Hair Salon,Inc. 109N.Dr.MLK,Jr.Ave Clwtr,FL 33755