

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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01/02/03--01070--012 **450.00

FLORIDA DEPARTMENT OF STATE
CORPORATION REINSTATEMENT **01-03**
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000083337
1. Corporation Name
BEAUTY SUPPLY DISTRIBUTION CORP.

2. Principal Office Address 2746 N.W. 112 AVENUE Suite, Apt. #, etc.		3. Mailing Office Address SAME Suite, Apt. #, etc.	
City & State MIAMI FL		City & State	
Zip 33172	Country U.S.A.	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida
SEPTEMBER 1, 2000

5. FEI Number
65-1037845
Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
MORLIN LOGIN

Street Address (P.O. Box Number is Not Acceptable)
2746 N.W. 112 AVENUE

Suite, Apt. #, Etc.

City MIAMI	State FL	Zip Code 33172
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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: *Morlin P. Login* Date: JANUARY 1, 2003
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
PD	MORLIN LOGIN	2746 N.W. 112 AVENUE	MIAMI FL 33172
VPD	SILVIA ARGUELLES	2746 N.W. 112 AVENUE	MIAMI FL 33172

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: *Morlin P. Login* MORLIN LOGIN 01/01/03 305-591-5683
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (9/01)

2/1/21

M&S ProBeauty, Inc.

2746 N.W. 112th Av., Miami, Fl. 33172
Tel. (305) 591-2846 Fax (305) 591-5635

January 21, 2003

Mr. Anthony G. Coleman, Jr., P.A.
3275 West Hillsboro Boulevard Suite 207
Deerfield Beach, Fl. 33442

Dear Mr. Coleman:

This letter is to inform you that M&S ProBeauty, Inc. is 100% associated with Beauty Supply Distribution Corp., and that we release the rights to the name.

Should you have any questions, do not hesitate to contact me.

Sincerely,



Silvia B. Arguelles