

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 NOV 19 AM 10:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000105690

TIFFANY'S SALON, INC.

Mailing Address

4780 SWEETMEADOW CIR.
SARASOTA FL 34238

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

11/09/2000

Suite, Apt. #, etc.

City & State
SARASOTA, FLORIDA

Country USA

Not Applicable

**\$8.75 Additional Fee required
for a Certificate of Status**

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| 1 Title(s) | 2 Name of Officers and/or Directors | 3 Street Address of Each Officer and/or Director | 4 City / State / Zip |
|---------------|---|--|---|
| P | JEAN HENDRICK | 4146 Westbourne Circle | Sarasota, FL 34238 |
| | | | |
| | | | 300004719713--9 -12/12/01--01008--016 ****150.00 ****150.00 |
| | | | LS |
| | | | |

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

| | |
|--------------------|--------------------------|
| State FL | Zip Code 34238 |
|--------------------|--------------------------|

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Date 11-01-01

REGISTERED AGENT MUST SIGN

11. 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:

Sean R. Hendrich
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-01-01 918-4937
Date Daytime Phone #



Tiffany's
... a salon of style

November 1, 2001

Florida Dept. of State
Katherine Harris
Secretary of State
Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

Re: Document # P00000105690

Dear Sir/Madam:

As per your request during our telecon, I am sending the completed form, the requested check and this letter stating that I never received any notices except this Application for Reinstatement.

As we discussed, I have been in and out of the hospital and Tiffany's Salon, Inc. has not yet opened for business. I did not receive any notices until this reinstatement letter. I have corrected the form to reflect a new mailing address.

Thank you for your cooperation.

Sincerely,

Jean R. Hendrick
Jean R. Hendrick