PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 OCT 27 AM 10:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000019356

1. Corporation Name

ROBERT FRANK SALON, INC.

Principal Place of Business	Mailing Address
124 N.E. 2ND STREET BOCA RATON FL 33432	124 N.E. 2ND STREET BOCA RATON FL 33432

REINSTATEMENT 03

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

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 02/21/2001

5. FEI Number: 65-1078484 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $9.75 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	MIONE, SALVATORE SALVATORE	~~11074 WISHBARO CIR~~ HIGHLAND CIR	BOCA RATON FL 33428
VP	MIONE, ROBERT B	10877 PINE BARK LANE	BOCA RATON FL 33428
			100003411027-48 10/27/03--01019--020 **150.00

8. Name and Address of Current Registered Agent

MIONE, SALVATORE F
124 N.E. 2ND STREET
BOCA RATON FL 33432

9. Name and Address of New Registered Agent

Name: ROBERT MIONE
Street Address (P.O. Box Number is Not Acceptable): 10877 PINE BARK LANE
Suite, Apt. #, Etc:
City: BOCA RATON State: FL Zip Code: 33428

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. or 617.0505, F.S.

Signature of Registered Agent: Robert Mione — Date: 10/15/03
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 with 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 taxes 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: Robert Mione ROBERT MIONE 10/15/03 561 395 6506
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Robert Frank Salon, Inc.
124 N.E. 2nd St.
Boca Raton, Fl 33432

October-15, 2003

Department of State
Division of Corporations
PO Box 6327
Tallahassee, Fl 32314

Re: Robert Frank Salon, Inc.

Dear Sir or Madam:

We ask that the Reinstatement Fee be waived because we did not receive the annual report form. For future reference, please forward the form to the address entered above. Enclosed is a check for $150, the annual filing fee.

Very truly yours,

Robert Mione
Vice President