

FILED  
May 18, 2005 8:00 am  
Secretary of State

PLEASE READ ALL INSTRUCTIONS BEFORE COM

<b>CORPORATION REINSTATEMENT</b>		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		SECRETARY OF STATE TALLAHASSEE, FLORIDA
<b>DOCUMENT #</b> P01000020825				
1. Corporation Name SALON JOLIE, INC.				
2. Principal Office Address 6851 Stirling Road, Ste. 27		3. Mailing Office Address 6851 Stirling Road, Ste. 27,		
Suite, Apt. #, etc		Suite, Apt. #, etc		
City & State Davie, FL		City & State Davie, FL		
Zip 33314	Country US	Zip 33314	Country US	
4. Date Incorporated or Qualified To Do Business in Florida 2/26/2001				
5. FEI Number 65-1076118		Applied For Not Applicable		
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status				
7. Name and Address of Current Registered Agent				
Name Nellie Legros  Street Address (P.O. Box Number is Not Acceptable) 132 Riviera Circle  Suite, Apt. #, Etc  City Weston				
		State <b>FL</b>	Zip Code 33326	
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 <i>Nellie Legros</i>		Date 5/16/05		
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	
PSTD	Nellie Legros	132 Riviera Circle	Weston, FL 33326	
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)(l), F.S. The information contained on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.				
SIGNATURE: <i>Nellie Legros</i>		Nellie Legros, President		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 5/16/05	Daytime Phone #	