

APPLICATION FOR REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P01000046666 1. Corporation Name Platinum Hair & Nail Inc.
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Principal Place of Business	Mailing Address
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2. Principal Place of Business 21 1005 S. Congress Avenue Suite, Apt. #, etc. 22 Unit 1 City & State 23 Delray Beach FL Zip 24 33445	2a. Mailing Address 26 1005 S. Congress Avenue Suite, Apt. #, etc. 27 Unit 1 City & State 28 Delray Beach FL Zip 29 33445
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9. Name and Address of Current Registered Agent

192
FILED
05 NOV 10 AM 11:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
RECEIVED
02-05

3. Date Incorporated or Qualified 5/8/2001	3a. Date of Last Report
4. FEI Number 65-1100996	Applied For Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

10. Name and Address of New Registered Agent
81 Name Corporate Creations Network Inc.
82 Street Address (P.O. Box Number is Not Acceptable) 941 Fourth Street #200
83
84 City Miami Beach
85 Zip Code 33139

11. Pursuant to the provisions of Sections 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors and I, the undersigned, am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ **VP Corporate Creations** 11/9/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE NAME STREET ADDRESS CITY-ST-ZIP President Jean Ricot Bolivar 1005 S. Congress Avenue Unit 1 Delray Beach, FL 33445 <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition 300061762983 11/29/05--01069--017 **500.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP Vice President Jean Ricot Bolivar 1005 S. Congress Avenue Unit 1 Delray Beach, FL 33445 <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP Secretary Jean Ricot Bolivar 1005 S. Congress Avenue Unit 1 Delray Beach, FL 33445 <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP Treasurer Jean Ricot Bolivar 1005 S. Congress Avenue Unit 1 Delray Beach, FL 33445 <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP Director Jean Ricot Bolivar 1005 S. Congress Avenue Unit 1 Delray Beach, FL 33445 <input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13, or on attachment with an address.

SIGNATURE _____ **Jean Ricot Bolivar by K. Sarria as attorney-in-fact** 11/9/05 (305) 672-0686
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

202

Florida Department of State
Division of Corporation
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: Platinum Hair & Nail Inc.

Enclosed are the following:

1. Uniform Business Report for the company referenced above.
2. check payable to Florida Department of State

We never received the Uniform Business Report for the following year(s) that should have been mailed to us:

2002, 2003, 2004, 2005

Please waive the late filing fee and treat the company as never being administratively dissolved. Thank you.

By: K. Sarria
by K. Sarria as attorney-in-fact

Name: Jean Ricot Bolivar

Title: President

Date: 11/9/05