## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE  Secretary of State  DIVISION OF CORPORATIONS			16 AUG 12 PM 4: 40  SECRETARY TALL AHASSEE FLOOR				
DOCUMENT # P01000049205  1. Corporation Name  Beauty Location  BEAUTY HAIR LINE CORP(Name community)								iwer munayê j	- 14 (j:	art	
2504	NW 5T	ess - No P.O. Box#	3. Mailing Office Address 2504 NW 5TH AVENUE				CR2E081 (11/10)				
Suite, Apt.	#, <del>e</del> tc.		Suite, Apt. #, etc.			Date Incorporated or Qualified     To Do Business in Florida     05/17/2001					
City & State			MIAMI, FL				5, FETNUMBE 65-1104				
<sup>2</sup> ₽ 33127	,		33127		USA		6. CERTIFICAT	<u> </u>		tional Fee required	
7. Name and Address of Current Registered Agent  Name YOUNG HO CHO Street Address (P.O. Box Number is Not Acceptable) 2504 NW 5TH AVENUE Suite, Apt. #, Etc.  City MIAMI  State  Zip Code FL 33127							600289031226 08/12/1601003001 **1835.00				
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the of Signature of Registered Agent  REGISTERED AGENT MUST SIGN							bligations of section 607 0505 or 617,0503, F.S.  Date 08/09/16				
Names and Street Addresses of Each Officer and/or Director (     Titles				Street Address of Each			St 3 directors)  City / State / Zip				
Р	YOUNG HO CHO			Officer and/or Director 3893 NW 88TH TERRA			RRACE	COOPER CITY, FL 33024			
D	YOUNG HO CHO			3893 NW 88TH TERRAC			RRACE	COOPER CITY, FL 33024			
			ier	ko ~	moke	لحم	09	- 16			
							AUG 1 8 2016				
								D CUSHING			
10. E-mail Address: BEAUTYHAIRLINE@BELLSOUTH.NET (To be used for future annual report notification)											
reinstate owed by	ement applica y the corporati under cath, I	officer or director or the receivation, the reason for dissolution on have been baid. I further cam aware that false information	n has been elim sertify the inform on submitted in	inated, the c nation indica a document	corporate name satis ited on this application	fies the re on is true f State co , PRE	equirements of se and accurate, and onstitutes a third of SIDENT	ction 607.0401 or 617.040 d my signature shall have	01, F.S., and the same le for in s.817. (305	i that all fees gal effect as	