


# 2005 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P01000056636</b> 1. Entity Name <b>SEA BREEZE HAIR SALON, INC.</b>						<div style="font-size: 2em; font-weight: bold; transform: rotate(-5deg);">FILED</div> <div style="font-size: 1.2em;">05 NOV 15 PM 3:24</div> <div style="font-size: 0.8em;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div>	
Principal Place of Business <b>12771 S.W. 88TH STREET MIAMI, FL 33186</b>				Mailing Address <b>12771 S.W. 88TH STREET MIAMI, FL 33186</b>			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
4. FEI Number <b>65-1116509</b>				Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>GONZALEZ, MICHAEL 12771 S.W. 88TH STREET MIAMI, FL 33186</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> Zip Code			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE: <u>Michael Gonzalez</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE: <u>11-9-05</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After January 1, 2006, Fee will be \$300.00</b>				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>GONZALEZ, MICHAEL</b> <b>12771 S.W. 88TH STREET</b> <b>MIAMI, FL 33186</b> <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="font-size: 1.2em; font-weight: bold;">600061447566</div> <div style="font-size: 0.8em;">11/15/05--01072--003 **150.00</div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <b>ESCALONA, BETSY</b> <b>12771 S.W. 88TH STREET</b> <b>MIAMI, FL 33186</b> <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST <b>ESCALONA, JUSTO</b> <b>12771 S.W. 88TH STREET</b> <b>MIAMI, FL 33186</b> <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>GONZALEZ, TERESA</b> <b>12771 S.W. 88TH STREET</b> <b>MIAMI, FL 33186</b> <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: <u>Michael Gonzalez</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE: <u>11-9-05</u> (305) 408-7308 <small>Date Daytime Phone</small>			

Miami, Fl.  
November 09th, 2005

Ref: Document P01000056636

Gentlemen:

As per your request, please accept this correspondence as an excuse to waive the penalty charge for the renewal of the captioned subject.

Due to the fact that we NEVER did receive the Renewal Notice for SEABREEZE HAIR SALON, INC.; this being the legitimate reason that we never remitted the proper renewal payment fee of \$ 150.- for year 2005.

If you have any questions, please do not hesitate to contact the undersigned....and we thank you.

Seabreeze Hair Salon, Inc.  
12771 SW 88<sup>th</sup> St.  
Miami, Fl. 33186



Michael Gonzalez, President

MG/mc

Attachment: Enclosed, please find our check number #465.