PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 AUG 27 AM 8:36

DOCUMENT # P01000101729

REINSTATEMENT 0204

1. Corporation Name

CRISTINA"S HAIR STUDIO, INC

2. Principal Office Address		3. Mailing Office Address	
883 109th Avenue		883 109th Avenue	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Naples, Florida		Naples, Florida	
Zip	Country	Zip	Country
34108	USA	34108	USA

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

5. FEI Number: 59-3756483 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Antonio Faga, Esq.

400041256504
09/22/04--01030--009 **30.00

Street Address (P.O. Box Number is Not Acceptable): 7955 Airport Road North

Suite, Apt. #, Etc.: Suite 101

City: Naples | State: FL | Zip Code: 34109

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: X _____ REGISTERED AGENT MUST SIGN | Date: August 24, 2004

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P-V/P S-T	Agostina Cristina Re	883 109th Avenue	Naples, FL 34 108

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)(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: X Agostina Cristina Re | 08/24/04 | 239-597-7600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Agostina Cristina Re

Antonio Faga
Counselor at Law

7955 Airport Road North
Suite 101
Naples, Florida 34109
239•597•9999
Fax 239•597•9974

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August 24, 2004

Florida Department of State
Secretary of State
Division of Corporations
500 S. Bronough
Tallahassee, FL 32399-0250

RE: Cristina's Hair Studio, Inc.

Gentllemen:

Enclosed herein please find check in the amount of $450.00 representing reinstatement for the years 2002, 2003, and 2004. I have not received any information from the State of Florida for those years regarding my corporate filings and request that the penalties be waived.

Very truly yours,

Antonio Faga, Esquire

AF:bs