

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 MAR 24 PM 3:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000004817

1. Corporation Name
HAIR BY MARCO & COMPANY, INC.

2. Principal Office Address
600 N. Congress Avenue

3. Mailing Office Address
Same

Suite, Apt. #, etc.
240

Suite, Apt. #, etc.

City & State
Delray Beach, Florida

City & State

Zip Country
33445 Palm Beach

Zip Country

REINSTATEMENT 03-05

4. Date Incorporated or Qualified
To Do Business in Florida 1/14/02

5. FEI Number
59-1960154

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
Marco Orseno

Street Address (P.O. Box Number is Not Acceptable)
600 N. Congress Avenue

Suite, Apt. #, Etc.
240

City
Delray Beach

State Zip Code
FL 33445

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 Marco Orseno
REGISTERED AGENT MUST SIGN

Date March 21, 2005

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
P/S/T/C	Marco Orseno	4286 Palo Verde Drive	Boynton Beach, FL 33436

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: Marco Orseno Marco Orseno
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 21, 2005 561-274-2002
Date Daytime Phone #

CR2E081 (01/05)