


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT #</b> 1. Corporation Name <u>SALON De Soleil Inc.</u> <u>#PO2000010496</u>		<b>FILED</b>  06 NOV 28 AM 11:44  SECRETARY OF STATE TALLAHASSEE, FLORIDA	
2. Principal Office Address <u>2194 main st</u> Suite, Apt. #, etc. <u>Suite B</u> City & State <u>Dunedin FLA</u> Zip <u>34698</u> Country <u>USA</u>	3. Mailing Office Address <u>2194 main st</u> Suite, Apt. #, etc. <u>Suite B</u> City & State <u>Dunedin FLA</u> Zip <u>34698</u> Country <u>USA</u>	<b>REINSTATEMENT</b> CF2E081 (12/05)  4. Date Incorporated or Qualified To Do Business in Florida <u>11/30/2002</u>  5. FEI Number <u>010588877</u> <div style="display: flex; justify-content: space-between;"><div>6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/></div><div>\$8.75 Additional Fee required for a Certificate of Status</div></div>	
<b>7. Name and Address of Current Registered Agent</b>			
Name <u>michele mAZZA</u>			
Street Address (P.O. Box Number is Not Acceptable) <u>708 Rodeo Dr</u>			
Suite, Apt. #, Etc.  			
City <u>Largo</u>		State <b>FL</b> Zip Code <u>33771</u>	
<b>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.</b>			
Signature of Registered Agent <u>michele mAZZA</u>		Date <u>11/20/06</u>	
<b>REGISTERED AGENT MUST SIGN</b>			
<b>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</b>			
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
<u>CO-CEO</u>	<u>GAIL CAROLAN</u>	<u>2194 main st Ste B</u>	<u>Dunedin FLA 34698</u>
<u>CO-CEO</u>	<u>michele MAZZA</u>	<u>708 Rodeo Dr</u>	<u>LARGO FLA 33771</u>
800082358978 12/07/06--01051--010 **600.00			
<b>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 contained in Chapter 119, 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.</b>			
SIGNATURE: <u>michele mAZZA</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		<u>11/20/06</u> 727 734-8422 Date Daytime Phone #	