


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000015800		
1. Entity Name MARCO'S HAIRSTYLING, INC.		

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JUN 15 PM 3:00

REINSTATEMENT 04-05

Principal Place of Business 4209 FAIRWAY CIRCLE TAMPA, FL 33624	Mailing Address 6975 LAKE PLACE CT TAMPA, FL 33634-1050
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2. Principal Place of Business 2223 Westshore Blvd Suite, Apt. #, etc. B223	3. Mailing Address 2223 Westshore Blvd Suite, Apt. #, etc. B223
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City & State Tampa, FL	City & State Tampa, FL
Zip 33607	Zip 33607
Country Hillsborough	Country Hillsborough



04222005 REIN-P CR2E098 (6/04)

4. FEI Number 02-0547000	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MOORE, TERENCE S 2506 WEST AZEELE ST. TAMPA, FL 33609-3320	7. Name and Address of New Registered Agent Name: Zonni, Marco Street Address (P.O. Box Number is Not Acceptable): 4209 Fairway Circle City: Tampa FL Zip Code: 33624
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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: <i>[Signature]</i> DATE: 5-31-05
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FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST ZONNI, MARCO 4209 FAIRWAY CIRCLE TAMPA, FL 33624 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ZONNI, MARCO 4204 Fairway Circle Tampa, FL 33624 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZONNI, MARCO 4209 FAIRWAY CIRCLE TAMPA, FL 33624 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST Pearce, Melissa 1467 Hagen Ave. Tampa, FL 33698 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200056205862 06/15/05--01033--003 ***300.00 <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
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: <i>[Signature]</i>	4-28-05	813 8776088
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #

MARCO ZONNI PRES.