


2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000019352		
1. Entity Name SIGGY'S HAIR STUDIO INC.		

Principal Place of Business 4902 W WATERS AVE TAMPA, FL 33634	Mailing Address 4902 W WATERS AVE TAMPA, FL 33634
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country

FILED
04 DEC 20 PM 12:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



11102004 REIN-P CR2E098 (6/04)

6. Name and Address of Current Registered Agent ARONOW, SIGALIT 407 S. AVDUBON AVE #3 TAMPA, FL 33609		7. Name and Address of New Registered Agent Name <u>ARONOW SIGALIT</u> Street Address (P.O. Box Number is Not Acceptable) <u>407 S. Audubon Ave #3</u> City <u>Tampa</u> FL Zip Code <u>33609</u>	
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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 [Signature] DATE 12/6/04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$750.00
After January 1, 2005, Fee will be \$900.00

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ARONOW, SIGALIT 4902 W WATERS AVE TAMPA, FL 33634 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <u>700043369577</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ARONOW, YAFFA 4902 W WATERS AVE TAMPA, FL 33634 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <u>12/13/04--01063--001 **150.00</u>
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
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 reports 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: [Signature] DATE 12/6/04 (1813)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dec 7TH 2004

To Whom It May Concern,

Please be advised that
Due to the Address not being
correct, I never Received My
Renewal notice or any notices
telling me that I was Delinquent.
If you have any questions please
feel free to call me at (813) 886-6966

Thank you
Seyyid