

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

ATX1

CORPORATION REINSTATEMENT FLORIDA DEPARTMENT OF STATE
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 05 OCT -7 AM 9:44
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P02000030883
 1. Corporation Name
FOR HAIRS SAKE, INC.

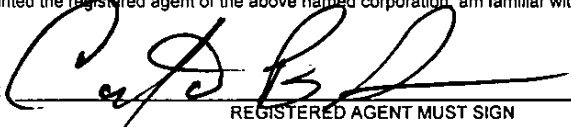
2. Principal Office Address 5348 FOX RIDGE TR		3. Mailing Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State ORLANDO, FL		City & State	
Zip 32818	Country USA	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida 3/15/2002	Applied For Not Applicable
5. FEI Number 75-3034818	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name PURNELL, CARLTON B		
Street Address (P.O. Box Number is Not Acceptable) 5348 FOX RIDGE TR		
Suite, Apt. #, Etc.		
City ORLANDO	State FL	Zip Code 32811

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.

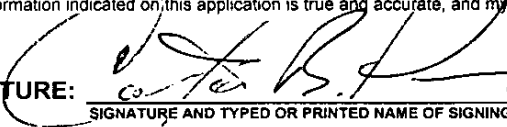
Signature of Registered Agent  Date **10/4/2005**
 REGISTERED AGENT MUST SIGN

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
PD	PURNELL, CARLTON B	5348 FOX RIDGE TR	ORLANDO, FL 32818

REINSTATEMENT 03-05

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:  **CARLTON B PURNELL** **10/4/2005** **(407) 895-5933**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Robinson and Robinson Inc.

October 4, 2005


FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

To Whom It May Concern,

This letter is to inform you that, "For Hairs Sake, Inc.," has relocated. The named Corporation did not receive a Annual Corporate Reports, for the year(2003), (2004) & (2005). Due to these circumstances we are asking that you abate the reinstatement fees. If there are any questions you can contact me at (407) 895-5933. Document #P02000030883. Enclosed is \$450.00 for the year of (2003), (2004) & (2005)..

Your consideration concerning this matter is greatly appreciated.

Cordially yours,



Maurice Robinson