

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JUL 13 PM 1:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *P02000039766*
1. Corporation Name
Glam Hair Extensions, Inc.

2. Principal Office Address
20502 W. Dixie Hwy.
Suite, Apt. #, etc.

3. Mailing Office Address
801 Three Islands Blvd #110
Suite, Apt. #, etc.

City & State
North Miami, FL
Zip
33180
Country
USA

City & State
Hallandale FL
Zip
33009
Country
USA

4. Date Incorporated or Qualified To Do Business in Florida
4/11/2002

5. FEI Number
01-0664813

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

WOP
REINSTATEMENT 03-04
WOP

7. Name and Address of Current Registered Agent

Name
Gina L. Diaz

Street Address (P.O. Box Number is Not Acceptable)
801 Three Islands Blvd.

Suite, Apt. #, Etc.
#110

City
Hallandale

900039070209
07/13/04--01067--011 **300 00

900039070209
07/13/04--01067--011 **300 00

State
FL

Zip
33009

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
Gina L. Diaz

REGISTERED AGENT MUST SIGN

Date
7/5/04

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
<i>P, S, D</i>	<i>Gina Diaz</i>	<i>801 Three Islands Blvd #110</i>	<i>Hallandale FL 33009</i>
<i>VP, D</i>	<i>Kristin Wingart</i>	<i>801 Three Islands Blvd., #110, Hallandale</i>	<i>FL 33009</i>

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)(f), 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: *Gina Diaz*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date
7/5/04

Daytime Phone
(305) 932-3888

CR2E081 (07/04)

Glam Hair Extensions, Inc.

20502 West Dixie Highway
North Miami, Florida 33180
Telephone: (305) 932-3888
Cell: (954) 593-7046
Email: glamoroushair@aol.com

www.glamhairextensions.com
www.learnhairextensions.com

July 6, 2004

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: Reinstatement of Glam Hair Extensions, Inc., a Florida corporation
Gina L Diaz, Owner

Dear Sir or Madam:

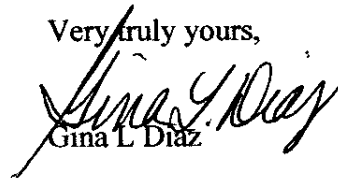
In connection with the above-referenced corporation, please be advised that I did not receive the Annual Report for 2002 or 2003. Please waive the reinstatement fee and accept this check in the amount of \$300 for the two years missed. Please send me a receipt confirming of payment.

I would also like to order a certified copy the following:

1) Certificate of Good Standing for Glam Hair Extensions, Inc., which a separate check is enclosed for \$17.50.

If you should have any questions, please do not hesitate to contact me.

Very truly yours,


Gina L Diaz