

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**
2010 AR



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
10 SEP 17 PM 4:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000050696

1. Corporation Name

Trendz Beauty Salon Inc

2. Principal Office Address - No P.O. Box #

1771 West Edgewood Ave

3. Mailing Office Address

2460 Paris Mill Road

Suite, Apt. #, etc.

5

Suite, Apt. #, etc.

City & State

Jacksonville FI

City & State

Jacksonville FI

Zip

32208

Country

US

Zip

32221

Country

600185595466

09/17/10--01034--006 **550.00

CR2E081 (6/10)

4. Date Incorporated or Qualified

To Do Business in Florida 05/03/2002

5. FEI Number

03-0477780

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Morrison, Shawayn

Street Address (P.O. Box Number is Not Acceptable)

1771 West Edgewood Ave Suite 5

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32208

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

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
Pres	Morrison, Shawayn	2460 Paris Mill Road	Jax FI 32221

10. E-mail Address:

(To be used for future annual report notification)

11. 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. I further certify that 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: X

Shawayn Morrison

Pres

9/10/2010

Date

(904) 318-8020

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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