

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 JUL -7 PM 12: 39

DOCUMENT # P02000075576

1. Corporation Name

TOP CELEBRITY SALON, INC.

2. Principal Office Address - No P.O. Box #  
5433 N. STATE RD 7

3. Mailing Office Address  
5433 N. STATE RD 7

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
TAMARAC

City & State  
TAMARAC

Zip  
33319

Country  
USA

Zip  
33319

Country  
USA

7. Name and Address of Current Registered Agent

Name  
NABELA HENRY

Street Address (P.O. Box Number is Not Acceptable)  
5433 N. STATE RD 7

Suite, Apt. #, Etc.

City  
TAMARAC

State  
FL

Zip Code  
33319

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

*Nabela Henry*

Date 07/02/2008

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
DIR	NABELA HENRY	5433 N. STATE RD 7	TAMARAC, FL 33319
		<i>B 7/8/08</i>	
			100132375491 07/07/08-01060--025 **900.00
		<u>REINSTATEMENT 06-08</u>	

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 contained in Chapter 119, 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:

*Nabela Henry*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/2/08

454-733-0883

Date

Daytime Phone #