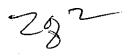
PLEASE READ	AZL INSTRUÇT	IONS BEFORE C	- ONPLETING I	HIS FUNIVI.	
CORPORATION REINSTATEMENT  FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS			SECRETARY OF STATE DIVISION OF CORPORATIONS O4 MAY -6 AM 8:00		
OCUMENT # P02000086414 Corporation Name ESTEBAN SALON UNISEX, INC.			REINSTATEMENT 03-09  300035718893 05/06/0401064029 **150.00		
Principal Office Address	Office Address 3. Mailing Office Address		300035718893		
1191 W. 35 St.	W. 35 St. P.O. Box 22651		05/06/040	)1064028   **1!	50.00
uite, Apt. #, etc.	Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida		
y & State City & State ialeah, Fl. 33012 Hialeah, Fl. 3		F1. 33002	5. FEI Number         Applied For           54 - 2067954         Not Applicable		
33012 Country U.S.	33012	Country U.S.	6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee require for a Certificate of Status		
	7. Name and	Address of Current Registe	red Agent		
Name Esteban Bra Street Address (P.O. Box Number is 1191 W. 35	Not Acceptable)				
Suite, Apt. #, Etc.  City  Hialeah	State FL	Zip Code 33012			
	Turud REGISTERED AGENT MUS	T SIGN	Dat	6505 or 617.0503, F.S. e 4-28-04	
<ol><li>Names and Street Addresses of Each Officer a</li></ol>	nd/or Director (Florida nonp	rofit corporations must list at I	east 3 directors)		

Street Address of Each Officer and/or Director Name of Officers and/or Directors City / State / Zip Titles 1191 W. 35 st. Hialeah.Fl. 33012 **PSTD** Esteban Bravo

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 filling 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:





## ESTEBAN SALON UNISEX 1191 West 35th Street, Llialeah, Fl 33012 Tel: (305) 822-1803

04/26/2004

Dept. of State Division of Corporations P.O. Box 6327 Tallahassee, Fl. 32314

2003UBR

Ref: Document # P02000086414

To Whom It May Concern:

This letter is to inform you the reason that our annual report was never filed was because it was never received.

Attached you will find a check for the amount of \$300.00 and the report which I downloaded.

Thank you for your attention.