

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 NOV -4 PM 1:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # PO2000099540

1. Corporation Name

ANTHONY'S SALON UNLIMITED, INC.

REINSTATEMENT 03

100024417711
11/04/03--01050--026 **150.00

2. Principal Office Address

142 S FLAMINGO ROAD

3. Mailing Office Address

SAME AS PRINCIPAL OFF.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PEMBROKE PINES

City & State

Zip

33027

Country

BROWARD

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

9/13/02

5. FEI Number

33-1025037

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

ANTHONY DE SIMONE

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

142 S FLAMINGO ROAD

Suite, Apt. #, Etc.

City

PEMBROKE PINES

State

FL

Zip Code

33027

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

Anthony De Simone
REGISTERED AGENT MUST SIGN

Date 11/03/03

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	ANTHONY DE SIMONE	18901 NW 5TH STREET	PEMBROKE PINES, FL. 33029

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:

Anthony De Simone
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/3/03
Date

954 437-0011
Daytime Phone #

CR2E081 (10/02)

ANTHONY'S SALON UNLIMITED

142 s flamingo Road
Pembroke Pines, Fl. 33027
Phone: (954) 437-9458

November 3rd, 2003

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

Re: Renewal of corporation status

Dear Sir:

Please find enclosed Bank Cashier's check in the amount of One Hundred and Fifty Dollars (\$150.00) representing the renewal fee for the above-mentioned corporation for the period September 1st, 2003 to September 1st 2004.

The reason for the delay with this payment is the fact that we never received the renewal notice. On a visit to my bank, they went on-line and noticed that the zip code for the corporation is listed as 33026 and not 33027 as it should be.

In this regard, kindly also change the address on record to reflect the correct zip code.

Thank you,



Anthony De Simone
President
ADS/maa