

# 2004 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P02000116578</b> 1. Entity Name <b>DE BELLA SALON INC.</b>					
Principal Place of Business <b>5757 SW 8TH STREET STE #104 MIAMI, FL 33144</b>			Mailing Address <b>5757 SW 8TH STREET STE #104 MIAMI, FL 33144</b>		
2. Principal Place of Business <b>5742 S.W. 7TH STREET</b> Suite, Apt. #, etc. <b>SUITE 104</b>		3. Mailing Address <b>5742 S.W. 7TH STREET</b> Suite, Apt. #, etc. <b>SUITE 104</b>		<div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">FILED</div> <div style="font-size: 1.2em; margin-bottom: 10px;">04 OCT 14 AM 11:17</div> <div style="font-size: 0.8em; margin-bottom: 10px;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div> <div style="font-size: 0.8em; margin-top: 10px;">10122004    REIN-P    CR2E098 (6/04)</div>	
City & State <b>MIAMI, FLORIDA</b>		City & State <b>MIAMI, FLORIDA</b>			
Zip                      Country <b>33144                      USA</b>		Zip                      Country <b>33144                      USA</b>			
4. FEI Number <b>41-2066015</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				6. Name and Address of Current Registered Agent <b>SALVADOR, HECTOR A 5757 SW 8TH STREET STE #104 MIAMI, FL 33144</b>	
7. Name and Address of New Registered Agent Name <b>HECTOR A. SALVADOR</b> Street Address (P.O. Box Number is Not Acceptable) <b>5742 S.W. 7TH STREET</b> <b>SUITE 104</b> City <b>MIAMI</b> <b>FL</b> Zip Code <b>33144</b>				8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u><i>Hector A. Salvador</i></u> DATE <u>10/12/04</u> <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))</small>	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After January 1, 2005, Fee will be \$300.00</b>				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP <b>SALVADOR, HECTOR A</b> <b>5757 SW 8TH STREET STE #104</b> <b>MIAMI, FL 33144</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP <b>HECTOR A. SALVADOR</b> <b>5742 S.W. 7TH STREET STE 104</b> <b>MIAMI, FL 33144</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300041953323 10/18/04--01102--003    **150.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u><i>Hector A. Salvador</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>10/12/04</u> Daytime Phone # <u>325 470-7524</u>		