

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

06 SEP -5 PM 1:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000005802

1. Corporation Name

SOSAS Hair Studios, INC
825 NW 119 ST
MIAMI FL 33168

2. Principal Office Address

825 NW 119 ST

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip

33168

Country

U.S.A

3. Mailing Office Address

3305 Bahama Drive

Suite, Apt. #, etc.

City & State

MIRAMAR Florida

Zip

33023

Country

U.S.A

REINSTATEMENT 04-06

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

01/16/2003

5. FEI Number

02-0665158

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

CRISTINA CAMACHO

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

1031 SW 13TH ST

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33129

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

[Signature]

Date 06/22/06

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
P	CRISTINA CAMACHO	1031 SW 13TH ST	MIAMI FL 33129
			200079750052 09/13/06--01015--003 **1000.00
			2000797500932 09/13/06--01015--004 **50.00

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:

[Signature]

CRISTINA CAMACHO

06/22/06

754.204.6474

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #