
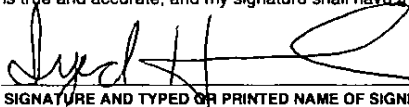


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<div style="display: flex; align-items: center; justify-content: center;"><div style="text-align: center;">CORPORATION REINSTATEMENT</div><div style="margin: 0 10px;"></div><div style="text-align: center;">FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</div></div>		<div style="text-align: center;">FILED 06 OCT 25 PM 1:00 SECRETARY OF STATE TALLAHASSEE, FLORIDA</div> <div style="text-align: right; margin-top: 20px;">CR2E081 (12/05) 05-06</div>	
DOCUMENT # P03000088921			
1. Corporation Name Unique Hair & Beauty Co.-JAX			
2. Principal Office Address 3000 Dunn Ave.		3. Mailing Office Address 3000 Dunn Ave.	
Suite, Apt. #, etc. #56		Suite, Apt. #, etc. #56	
City & State Jacksonville, FL		City & State Jacksonville, FL	
Zip 32218	Country USA	Zip 32218	Country USA
		4. Date Incorporated or Qualified To Do Business in Florida 8/13/2003	
		5. FEI Number 86-1076237	Applied For <input type="checkbox"/> Not Applicable
		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent			
Name Iyad Hammad			
Street Address (P.O. Box Number is Not Acceptable) 10001 NW 60th Place			
Suite, Apt. #, Etc.			
City Parkland		State FL	Zip Code 33067
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 _____		Date _____	
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
PST	Iyad Hammad	10001 NW 60 PI	Parkland, FL 33067
600081190536 10/25/08--01049--003 **300.00			
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: 		10-20-06	904-924-1222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

PASTRAN, P.A., CPA'S

A PROFESSIONAL ASSOCIATION OF CERTIFIED PUBLIC ACCOUNTANTS

October 20, 2006

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Attention: Reinstatements

Re: Unique Hair & Beauty Co.-JAX
Document No. P03000088921

To Whom It May Concern:

Please find attached a completed reinstatement form for the above referenced corporation along with their check in the amount of \$300.00 for the annual fees for 2005 and 2006.

This corporation was formed August 13, 2003. The corporation never received the notification from the Division of Corporations regarding the annual reports and just became aware the corporation had been administratively dissolved September 16, 2005.

Due to these circumstances, we would appreciate your waiving any reinstatement fees for this corporation and accepting their payment of two years of annual reports. If you have any questions, please call me. Thank you for your assistance.

Sincerely,



Raul E. Pastran, CPA
Pastran, PA, CPA's

Encls:
REP:mf