2005 FOR PROFIT CORPORATION REINSTATEMENT

KEINSTATEMENT						. [2]	7.9.7	
DOCUMENT # P03000090477 1. Entity Nan 8 SHAMPOO HAIR, INC.			I			05 MAY -	SSEE FLORID	·
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Principal Plac		Mailing Address	•		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	TALLAH	STELLIST .	11/25
541 NW PINESAP WAY Jensen Beach, Fl. 34957		541 NW PINESAP WAY JENSEN BEACH, FL 34957				य ए जिले हैं		
	,			LUNGTINGS IN C	TIRE IN ACO CON CIN		14/86(II (S.P)	
Principal Place of Business 3		3. Mailing Address	3. Mailing Address					
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Suite, Apı. #, etc.		Suite, Apt. #, etc.			02252005	REIN-P	CR2E098 (6/04)	•
City & State		City & State			4. FEI Number	11635	<i>~ , , , , , , , , , ,</i>	pplied For
Zip Country		Zip Count		try	5. Certificate of Status Desired \$8.75 Additional			
	6. Name and Address of Current	Decistand Apont]	· · · · · · · · · · · · · · · · · · ·			Fee Requir	
	b. Name and Address of Current	7. Name and Address of New Registered Agent Name						
	TONIANN INESAP WAY	Street Addr		Street Address (s (P.O. Box Number is Not Acceptable)			
	BEACH, FL 34957			ļ <u>-</u>		· · · · · · · · · · · · · · · · · · ·		
				City			Zip Cox	da
2 76 - 25				<u> </u>			FL_	
	named entity submits this statement folions of registered agent.	or the purpose of changing its	registeri	ed office or register	red agent, or bott	n, in the State of Fic	rida. I am familiar with	, and accept
SIGNATURE								
Signature typed or printed name of registered agent and tips if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
FII	LE NOW!!! FEE IS \$300,00					In accordance v corporation did	vith s. 607.193(2)(b) not receive the prior	, F.S., the notice.
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/	CHANGES TO OFF	ICERS AND DIRECTOR	RS IN 11
TITLE NAME	P THOMAS TONIANIN	Delete	TITL	ļ			☐ Change	Addition
STREET ADDRESS	THOMAS, TONIANN 541 NW PINESAP WAY SIR			ET ADORESS	(D) 00/0	22255	572770 6002 **3	ີງ ທົດ ທາ
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TITLE		☐ Delete	IITL	ì			☐ Change	Addition
NAME STREET ADDRESS			NAM S188	EET ADDRESS				}
CITY ST ZIP			1	ST-ZIP				
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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Ogain Course Proper & Course Pr								