

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING
 FILED 7
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

ATX1

04 OCT 25 AM 8:00

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # PD3000097265

1. Corporation Name

SONDRA'S CASUAL CUTS, INC.

2. Principal Office Address		3. Mailing Office Address	
340 N. HOLIDAY ROAD			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
DESTIN, FL			
Zip	Country	Zip	Country
32550			

REINSTATEMENT04
MRB

4. Date Incorporated or Qualified To Do Business in Florida		8/29/2003
5. FEI Number	Applied For	
43-2028312	Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		See 15 Additional Fee Required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name		
SONDRA PHILLIPS		
Street Address (P.O. Box Number is Not Acceptable)		
340 N. HOLIDAY ROAD		
Suite, Apt. #, Etc.		
City	State	Zip Code
DESTIN,	FL	32550

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 AgentSondra Phillips
REGISTERED AGENT MUST SIGN

Date

Oct 20, 2004

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRESIDENT	SONDRA PHILLIPS	340 N. HOLIDAY ROAD	DESTIN, FLA 32550

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)(b), 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:

Sondra Phillips PresidentOct 20, 2004

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

850-650-9174

Oct-20-04 10:58

P.01

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Division of Corporations
P.O. Box 6198
Tallahassee, FL 32314-6198

Gentlemen,

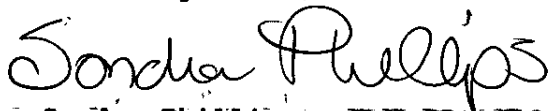
Pursuant to your letter stating that Sondra's Casual Cuts, Inc. has been administratively dissolved due to failure to file an annual report, I have enclosed a Corporation Reinstatement form and enclosed the \$150.00 annual fee.

We are a newly formed corporation (8/29/03) and did not receive an Annual Report form from the State of Florida and were unaware that one had to be filed.

We respectfully request abatement of any penalty.

Please contact us if we need to do anything more to effect this reinstatement.

Sincerely Yours,



Sondra Phillips
President