FILED Aug 16, 2004 8:00 am

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DOCUMENT # D03000445303					7	Secretary of State					
DOCUMENT # P03000115303					<u>a</u>	08-16-2004	90014 034	***15	00.C		
TANGO HAIR AND NAILS, INC.											
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Principal Plac	e of Business	Mailing Address				-					
2900 W. SAN		2900 W. SAMPLE RD.									
POMPANO B	POMPANO BCH, FL 330	973				į					
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2. Principal Place of Business 3000 N. UN. Verstage		3. Mailing Address P.O. Bx 771210			 						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		06212004	Chg-P	CR2E034	(10/03)				
STE E City & State		City & State			4. FEI Numb	er			plied For		
COCALSPRIMS, FZ		· COEAL SPRINGS		12		72-1573	351Z	\vdash	Applicable		
Zip 3306	S Country	33077-1210			5. Certificate	of Status Desired		.75 Add Required			
3200	6. Name and Address of Current				7. Name and Address of New Registered Agent						
ZEITLER,	MADV			Name M a	ARK Z	NRV Zeitler					
2900 W. S	AMPLE RD.		.	Street Addres	s (P.O. Box Numb	er is Not Acceptable)		i		
POMPANO	D BCH, FL. 33073					JOHS, CV DE		0000			
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SIGNATURE	X/orlaw of					1/20/04	1				
	Signature, typed or printed name of registered agent	and little if applicable. (NOTE:	Registered	d Agent signature requ	ired when reinstating)		DATE				
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	ue by September 8, 2004	Trust Fund Contri	bution.	[] A	dded to Fees						
10.	. OFFICERS AND		11.		ADDITIONS	/CHANGES TO OFF		-	IN 11		
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	I certify that the information supplied with	this filing does not qualify for			Section 119.07(3	(i), Florida Statutes.	I further certify	that the in	formation		
of the co	centify that the information supplied with don this report or supplemental report is reporation or the receiver or trustee emp	owered to execute this report a	y signat as requii	ure shall have the	ne same legal effe 607, Florida Statut	ct as if made under es; and that my nam	oath; that I am e appears in B	an officer lock 10 or	or director Block 11 if		
changed	or on an attachment with an address,	with all other like empowered.	•	•		7/21/		(Oa	_,		
SIGNAT	TURE: X / / / / / / / / / / /	e soft			<u> </u>	1/21/04	484	40	4002		
I	✓ SIGNATURE AND TYPED OR I	PRINTED NAME OF SIGNING OFFICER O	M DIHECT	UH .		/ Date	✓ Davtir	ne Phone #	1		

Attachment MAS 4405193 1 POBOX 771210

Coral Springs, Fl. 33077-1210 954-346-7288 - Broward 954-346-7217 Fax 305-621-9382 - Dade

08/09/04

Florida Department of State PO BOX 6327 Tallahassee, Fl. 32314

Re: Tango Hair & Nails, Inc. Doc# P03000115303

To Whom It May Concern:

We are enclosing a corporation reinstatement form for our client Tango Hair & Nails, Inc

We are providing a check for the annual fee; however, we have not included the penalty, as the client did not receive the notification sent to companies to file the renewal due to a change in address. The original forwarding had expired.

The client was in our office and we determined the client had not filed the annual renewal. The client was advised that the corporate renewal had not occurred and they then requested our assistance in the reinstatement procedures.

Therefore we are requesting reinstatement on behalf of Tango Hair & Nails, Inc based on not having received the 2003 Uniform business report due to a change of address.

The client has been made aware of the filing deadline for future years. Should you have any questions, please contact my office.

Thank you, Sincerely,

David Hernandez