


2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000117387		
1. Entity Name BEANNIE'S BEAUTY & BARBER ACADEMY, INC.		

FILED
04 OCT -6 AM 11:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 1214 MARTIN LUTHER KING JR. BLVD. PANAMA CITY, FL 32401	Mailing Address 1214 MARTIN LUTHER KING JR. BLVD PANAMA CITY, FL 32401
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	City & State	City & State
Zip	Country	Zip	Country

10062004 REIN-P CR2E098 (6/04)

4. FEI Number ☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MCNAIR, LUVENIA J 1202 MISSISSIPPI AVE LYNN HAVEN, FL 32444		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	Luvonia J. McNair	1202 Miss Ave.	Lynn Haven FL 32444				

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: Luvonia J. McNair 10/6/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #