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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 MAR 27 AM 11:35

DOCUMENT # P03000147093

1. Corporation Name

Meobachi Salon & Spa Inc

CR2E081 (12/05)

2. Principal Office Address	**3.** Mailing Office Address
6850 St. Augustine Road	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Jacksonville, Fl	City & State
Zip: 32217 / Country: USA	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 12/03/03

5. FEI Number: 20-0997607 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: L. S. LITTLETON

Street Address (P.O. Box Number is Not Acceptable): 6821 CABALLERO COURT,

Suite, Apt. #, Etc.

City: Jacksonville, | State: FL | Zip Code: 32217

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: L S Littleton Date: 3-22-06

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
PR	Lisa Semone Blair	4436 Pilgrim Way	Jacksonville, Fl

800069448078
04/04/06-01055-017 **450.00
3/30/06
REINSTATEMENT 4-06

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: _____ Date _____ Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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

Meobachi Salon & Spa Inc
6850 St. Augustine Road
Jacksonville, Fl 32217

March 22, 2006

Request for reinstatement; partial abatement of late-filing penalty

I did not receive the Annual Report filing notice for 2004 and therefore, was not aware of this particular requirement..

Per verbal advice from your Tallahassee office, I am enclosing a check for $450.00 and the request that the late filing penalty be waived.

Please advise if this is not acceptable.

Respectfully,

Lisa Semone Blair