180

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000150043 1. Entity Name SALON AMANDA INC.							04 00	FILED [27 AMII: [ARY or SIZ [ASSEE, FLO	
Principal Place of Business 10428 W. ATLANTIC BLVD. CORAL SPRINGS, FL 33071 Mailing Address 10428 W. ATLANTIC BLVD. CORAL SPRINGS, FL 33071						 			
2. Principal P	lace of Busin	ness	3. Mailing Address						
Suite, Apt.	#, etc.		Suite, Apt. #, etc.			10192004	REIN-P	CR2E098 (6/04)
City & State	e		City & State			4. FEI Number 5/-0	491028	· —	Applied For Not Applicable
Zip		- Country .	Zip Count		try	T	of Status Desired	S8.75 A	
	6. Name	and Address of Current	Registered Agent		Name	7. Name and	Address of New Re	gistered Agent	
VANPHAM 10428 W. / CORAL SF	ÁTLANTIC	BLVD.	Street Ad		Street Address (P.O. Box Number	er is Not Acceptable)		
					City			FL Zip Co	de
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 AMANDA VANDHAM Signature, typed or printed name of registered Agent and title if applicable. (NOTE: Registered Agent algorithms required when reinstating) DATE DATE									
FILE NOW!!! FEE IS \$750.00 After January 1, 2005, Fee will be \$900.00									
10.		OFFICERS AND		11.		ADDITIONS/	CHANGES TO OFFIC		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	485 SW 1	M, AMANDA 183RD WAY KE PINES, FL 33029	☐ Delete		•	10/2	00042 2 7/0401048	□ Change 243567 008 **15	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	E IE IET ADDRESS '-ST-ZIP		Availar.	☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP			□ Delete	B	I	100		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Defete		ŀ			Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delete					Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Defete	1				☐ Change	Addition
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: AMANDA VANPHAM J0/19/04 954-340-5441 SIGNATURE AND TYPED OR PRAFTED TABLE OF SIGNING OFFICER OR DIRECTOR Date Date Description of the certify that the information 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 exemption of the corporation of the same legal effect as if made under oath; that I am an officer or director of the corporation 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 in the same legal effect as if made under oath; that I am an officer or director of the same legal effect as if made under oath; that I am an officer or director of the same legal effect as if made under oath; that I am an officer or director of the same legal effect as if made under oath; that I am an officer or director of the same legal effect as if made under oath; that I am an officer or director of the same legal effect as if made under oath; that I am an officer or director of the same legal effect as if made under oath; that I am an officer or director of the same legal effect as if made under oath; that I am an officer or director of the same legal effect as if made under oath; that I am an officer or director of the same legal effect as if made under oath;									
SIGNAT	TURE:	SIGNATURE AND TYPED OF	$\mathcal{A}_{\mathcal{M}}$	AN (TOR VANA	HAM	/0/19/0	04 954- Daytime Phone	340-5441

200

Salon Amanda, Inc.

10428 West Atlantic Blvd

Coral Springs, FL 33071

October 19, 2004

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

Dear Sir or Madam:

Pursuant to our telephone conversation today, please find enclosed our 2004 for profit corporation reinstatement form. I was not aware that a annual report was due. Since the documents to create the corporation were filed on December 11, 2003, and I thought that since I filed all the paperwork with the Internal Revenue Service in January of 2004 I thought that the corporation was started effective 2004.

Therefor, I am requesting that the corporation be reinstated and that you waive the reinstatement fees.

Also, per our telephone conversation, I am enclosing a check in the amount of \$150.00 for the 2004 Annual Report

If you have any questions, please feel free to contact me at 954-340-5441.

Sincerely

Amanda Venpham

President

Enclosures