FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

2006 OCT 31 AM 9:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

10/18/06 01033 005 -90875

CR2E081 (12/05)

DOCUMENT # P04000123350

1. Corporation Name

Triple's J Hair & Day Spa

1500 Mockingbird Ln	1500 Mockingbird ln.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Longwood Fl.	City & State: Longwood FL.
Zip: 32750 Country: seminole	Zip: 32750 Country: seminole

4. Date Incorporated or Qualified To Do Business in Florida: 8-26-06

5. FEI Number: NONE ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☑

7. Name and Address of Current Registered Agent

Name: Odean E. Lewis

Street Address (P.O. Box Number is Not Acceptable): 1500 Mockingbird ln.

Suite, Apt. #, Etc.

City | State | Zip Code

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: Odean E Lewis — Date: 10-30-06

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
p	Bridgette Lewis	1500 Mockingbird Ln.	Longwood fl. 32750
			B 10/31/06
			REINSTATEMENT 05-06

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: Bridgett Lewis — 10-30-06 — 407-310-1065

SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — Date — Daytime Phone #