
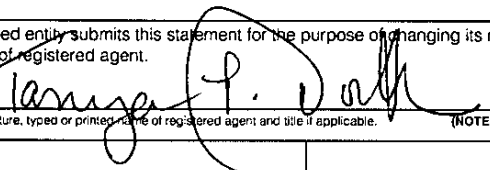
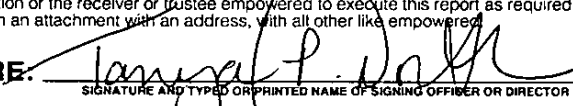


# 2005 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P04000161076</b> 1. Entity Name <b>OFF THE CHAIN HAIR &amp; NAILS 2003 SALON, INC.</b>						<b>FILED</b> <b>05 DEC 27 PM 2:44</b> DEPT. OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business <b>1810 SOUTH DIXIE HIGHWAY LAKE WORTH, FL 33460</b>				Mailing Address <b>1810 SOUTH DIXIE HIGHWAY LAKE WORTH, FL 33460</b>			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
<b>6. Name and Address of Current Registered Agent</b>  <b>NORTH, TANYA P</b> <b>1007 SOUTH G STREET</b> <b>LAKE WORTH, FL 33460</b>				<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City			
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.				4. FEI Number <b>10312005 REIN-P CR2E098 (6/04)</b>			
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For Not Applicable			
SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE			
<b>FILE NOW!!! FEE IS \$750.00</b> <b>After January 1, 2006, Fee will be \$900.00</b>							
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSTD</b> <b>NORTH, TANYA P</b> <b>1810 SOUTH DIXIE HIGHWAY</b> <b>LAKE WORTH, FL 33460</b>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>700062511621</b> <b>12/30/05--01052--018 **\$50.00</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>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.</b>							
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date			
				Daytime Phone # <b>561-493-4533</b>			