## 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000161076								FILED				
1. Entity Name OFF THE CHAIN HAIR & NAILS 2003 SALON, INC.							05 DEC 27 PFi 2: 44					
Principal Place o	of Business	Mailing	Mailing Address			-{	TALE MASSEE, FLORIDA					
1810 SOUTH DIXIE HIGHWAY LAKE WORTH, FL 33460			1810 9	1810 SOUTH DIXIE HIGHWAY LAKE WORTH, FL 33460				inteutta	SYEE, F	LORÍDA		
2. Principal Place of Business			3. Mailin	3. Mailing Address								
Suite, Apt. #, etc.			Suite,	Suite, Apt. #, etc.			10312005	REIN-P	CR2E	098 (6/04)		
City & State			City &	City & State			4. FEI Numb	er		· · ·	plied For of Applicable	
Zip		Country	Zip	Zip Cour			5. Certificate	of Status Desired		\$8.75 Add	litional	
6. Name and Address of Current R			i nt Registered	Registered Agent			7. Name and	Address of New F			u	
						Name						
NORTH; TANYA P						Street Address (P.O. Box Number is Not Acceptable)						
LAKE WORTH, FL 33460												
						City			FL	Zip Cod	e	
A The shove no	med entity	submits this statement	for the nurnes	a of dhanaina ita	rooistor	d office or registr	orod coost or be	th in the State of El		in an illing with		
the obligation	ns of egiste	ered agent.	. Ioi the purpos	se of Grianging sis	registere	ed office or registe	ereo agent, or be	oth, in the State of Fi	unua, Fami	amiliar with,	ano accept	
SIGNATURE LANGE OF DOME												
Signature, typed or printed. The of registered agent and title if applicable. V (NOTE: Registered Agent signature required when reinstating)  DATE												
FILE NOW!!! FEE IS \$750.00 After January 1, 2006, Fee will be \$900.00												
10.		OFFICERS AN	ID DIRECTORS	3	11.		ADDITIONS	/CHANGES TO OFF	ICERS AND	DIRECTOR	5 IN 11	
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l I	· · · · · · · · · · · · · · · · · · ·					E ET ADDRESS	12/30	<b>000625</b> 1/0501052	018	**750.	00	
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12. I hereby certify that the information supplied with this filing boes 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 toustee empoyered 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												
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