## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS PORT D

CORPORATION REINSTATEMENT  POSO00091160  1. Corporation Interest Poso00091160  1. Corporation Interest Poso00091160  2. Principal office Address - No. P.O. Squ. *  Safe 103RD STREET  Size April * one  Size Agriculture Poso000091160  2. Principal office Address - No. P.O. Squ. *  Safe 103RD STREET  Size Agriculture Poso000091160  3. Mose of Office Address - No. P.O. Squ. *  Sole 103RD STREET  Size Agriculture Poso000091160  3. Principal office Address - No. P.O. Squ. *  Sole Agriculture Poso0000091160  3. Principal office Address - No. P.O. Squ. *  Sole Agriculture Poso00000000000000000000000000000000000		PLÉASE READ ALL INSTRUCTIONS BEFORE C					COMPLET	ING THIS P	OFE D	
DOCUMENT # P05000091160  1. Corporation Harne  BEAUTYMANIA INC  2. Principal office Asserts - No P.O. Box # Sole 103RD STREET  2. Principal office Asserts - No P.O. Box # Sole 103RD STREET  3. Moding Office Address Sole 103RD STREET  4. Data incorporated or Data Middle of 103RD Street Sole 103RD S	To	•	CORPORATION FLORIDA			DEPARTMENT OF STATE Secretary of State		SECRETA	RY OF STATE	
2. Pandpul Office Address - No P.O. Box 8 3. Assisting Chrose Address 5 3. Suite, Apt. 8, etc.  Suite, Apt. 8, etc		1. Corporation Name					TALLAHASSEE, FLORIUA			
City & State  JACKSONVILLE  Description  Country  Description  Descript		· · · · · · · · · · · · · · · · · · ·		3. Mailing C	, Mailing Office Address		08/03/0901055003 **458.75 CR2E081 (12/ <b>08</b> )			
City & State  JACKSONVILLE  Description of Country  To Name and Address of Current Registered Agent  To Name and Address of Current Registered Agent  Not Applicate Format States Description of Current Registered Agent  Note: Agent State States of States Description of Current Registered Agent  Note: Agent States Of Description of Current Registered Agent  Note: Agent States Of Description of Current Registered Agent  Note: Agent States Of Description of Current Registered Agent of the advanced the prior notices. By checking this box, you are certifying in the prior notices were no received and requesting the reinstatement fee be waived.  B. I. being appointed the registered agent of the above named corporation, an iterative with and accept the obligations of section 507.0505 or 517.0503, F.S.  Supplied Formation Officers and or Director States of Description of Chicago and Proceedings and Proceedings of Chicago and Proceedings of Chicago and Proceedings and Proceedings of Chicago and Proceedings of Chicag		Suite, Apl W, etc Suite, Ap		Suite, Apt. #.	t. #. etc.					
2p		I * • • = ··		City & State	City & State					
7. Name and Address of Current Registaned Agent  Name MUBARAK, ZEYAD  Street Address (P.O. Box Number in Not Acceptable)  7758 WATERMARK LANE SOUTH  Suite, Agit a, Etc. 2211 COACHMAN LAKES DRIVE  B. It being appointed the registered agent of the above named corporation, am familiar with end accept the obligations of section 807.0505 or 617.0503, F.S.  Signature of Registered Agent  B. Names and Street Address of Each Officer and/or Director Direc		Zip		Zip		Country			Not Applicable	
Nume MUBARAK, ZEYAD  Sires Address (P.O. Box Number is Not Acceptable) 7756 WATERMARK LANE SOUTH  Sires Address (P.O. Box Number is Not Acceptable) 7756 WATERMARK LANE SOUTH  Sires Address (P.O. Box Number is Not Acceptable) 7756 WATERMARK LANE SOUTH  Sires Address (P.O. Box Number is Not Acceptable) 7756 WATERMARK LANE SOUTH  Sires Address (P.O. Box Number is Not Acceptable) 7756 WATERMARK LANE SOUTH  Sires Address (P.O. Box Number is Not Acceptable) 7756 WATERMARK LANE SOUTH  Sires Address (P.O. Box Number is Not Acceptable) 7756 WATERMARK LANE SOUTH  These  Sires Address (P.O. Box Number is Not Acceptable) 756 WATERMARK LANE SOUTH  These  City State (P.O. Box Number is Not Acceptable) 7576 WATERMARK LANE SOUTH  These  City State (P.O. Box Number is Not Number is Not Not Number is Not Number is Number in Number is Number in Number is Number i							CERTIFICATI	E OF STATUS DESIRED	for a Cerbt cab, of Status	
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Sure, Apt. II. Etc. 2811 COACHMAN LAKES DRIVE  State   32246							the pri	circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement		
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Titles  Name of Officers and/or Directors  P MUBARAK, ZEYAD  2811 COACHMAN LAKES DRIVE  JACKSONVILLE FL 32246  VP OMAR, BASHITI  11310 LABORIGHINI COURT  JACKSONVILLE FL 32246  S BASHITI, ANAN  7758 WATERMARK LANE SOUTH  JACKSONVILLE FL 32256  REINSTALLIVILLY  10.1 certify that I am an officer or director or the receiver or trustee ampowered to overcute this application as provided for in chapter 607 or 817, F.S. I further certify that when filting this reinstatement application, the receiver or trustee ampowered to overcute this application as provided for in chapter 607 or 817, F.S. I further certify that when filting this reinstatement application, the receiver or trustee ampowered to overcute this application as provided for in chapter 607 or 817, F.S. I further certify that when filting this reinstatement application, the receiver or trustee ampowered to overcute this application as provided for in chapter 607 or 817, F.S. I further certify that when filting this reinstatement application, the receiver or trustee ampowered to overcute this application as provided for in chapter 607 or 817, F.S. I further certify that when filting this reinstatement application, the receiver or trustee ampowered to overcute this form do not qualify for an exemption contained in Chapter 119, F.S. The Information Indicates on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.  Taken P Control of the comporation 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 Indicates on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.  Taken P Control of the comporation 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 Indicates on this application is true and accurate, and my signature shall have the same legal effect as if made under	<b>1</b>	Registered Agent / Was av al						Oate 07/29/2009		
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SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Date  Date			TURE: Teyer Mu	Lorale	<b>Z</b>	EYAD MU	BARAK	07/29/2009	904-856-5533	

