PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
10 FEB 22 PM 4:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pd CK 1043 $450.00

DOCUMENT # P05000117929

1. Corporation Name

HAIRS SHILA ENTERPRISES, INC.

W10- 6573

600168343886
02/09/10--01025--006 **450.00

REINSTATEMENT 07-10

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
6278 N. FEDERAL HWY.	SAME
Suite, Apt. #, etc.: SUITE 403	Suite, Apt. #, etc.:
City & State: FORT LAUDERDALE, FL	City & State:
Zip: 33308 Country:	Zip: Country:

4. Date Incorporated or Qualified To Do Business in Florida: AUGUST 24, 2005

5. FEI Number: 20-3360397 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: SHILA MORGANROTH

Street Address (P.O. Box Number Is Not Acceptable): 1700 S. OCEAN BLVD.

Suite, Apt. #, Etc.: SUITE 20-A

City: LAUDERDALE BY THE SEA State: FL Zip Code: 33062

☑ The reinstatement fee is imposed, except in 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 fee be waived.

600168343886
02/22/10--01061--006 **150.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0305 or 617.0305, F.S.

Signature of Registered Agent: Shila Morganroth Date: 2-7-10
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	SHILA MORGANROTH	1700 S. OCEAN BLVD. #20-A	LAUDERDALE BY THE SEA, FL 33062
S.	SHILA MORGANROTH	1700 S. OCEAN BLVD. #20-A	LAUDERDALE BY THE SEA, FL 33062

$2.00

600168343886
02/22/10--01061--007 **8.75

10. E-mail Address: SHILA12741@AOL.COM
(To be used for future annual report notification)

11. 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. I further certify 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: Shila Morganroth SHILA MORGANROTH 2-7-10 954-205-1777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #