PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORAT REINSTATEM	146-C	Secreta	RTMENT OF STATE ry of State CORPORATIONS		FILED 10 JAN 29 PM 2: 22
DOCUMENT # P06000015453 1. Corporation Name					SECRETARY OF STATE TALLAHASSEE FLORES
Hair & Beyond of the Treasure Coast Inc					INSTATEMENT08
Principal Office Address - No P O. Box # 6847 South US 1 Suite. Apt #, etc.		3. Mailing Office Address 3790 Wild Orchid Lane Suite, Apt. #, etc		900167536199 01/29/1001027017 **450.00 CR2E081 (11/09)	
Port St Lucie, FL		City & State Fort Pierce, FL Zip Country 34981 US		To Do Business in Florida 02/01/06 5. FEI Number Applied For 20-4141119 Not Applicable 6. CERTISICATE OF STATUS DESIRED \$8.75 Additional Fee required	
34981	7. Name and Address o	<u> </u>		1	for a Certificate of Status
Name Lori Cassinari Street Address (P.O. Box Number is Not Acceptable) 529 NW Prima Vista Blvd Suite Suite, Apt. #. Etc. 301-H City Port St Lucie			State Zip Code FL 34983	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.	
8. I, being appointed the registered agent of the above named corporation, and familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent					
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
PST Betti	Bettina F Oneal		3790 Wild Orchid Lane		Fort Pierce FL 34981
					,
				<u> </u>	DC 2/1
10. E-mail Address: accurateaccountingservices@comcast.net (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 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: 10. 1					