

# 2008 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P06000094822</b> 1. Entity Name <b>THE HAIR TAVERN INC</b>						FILED 2008 OCT -2 AM 10:22 SECRETARY OF STATE TALLAHASSEE, FLORIDA 10-382  <b>REINSTATEMENT</b> 08 09302008 REIN-P CR2E098 (1707)	
Principal Place of Business <b>91421 OVERSEAS HWY UNIT 3 TAVERNIER, FL 33070</b>				Mailing Address <b>91421 OVERSEAS HWY UNIT 3 TAVERNIER, FL 33070</b>			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country				City & State Zip Country			
<b>6. Name and Address of Current Registered Agent</b> <b>SACERIO, JOEL E 605 EAST PALM DRIVE NO.103 FLORIDA CITY, FL 33034</b>				<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
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.							
SIGNATURE <u>Joel E. Sacario</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <u>09/29/08</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After January 1, 2009, Fee will be \$300.00</b>				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES SACERIO, JOEL E 91421 OVERSEAS HWY SUITE 3 TAVERNIER, FL 33070			TITLE NAME STREET ADDRESS CITY-ST-ZIP	800136618998 10/03/08--01056--010 **158.75		
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		
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		
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		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.							
SIGNATURE: <u>Joel E. Sacario</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE <u>09/29/08</u> (786) 545-6909 <small>Date Dialing Phone #</small>			