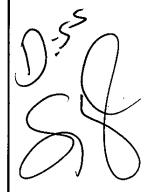
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FLORIDA DEPARTMENT OF STATE Division of Corporations

February 21, 2007

AURIL WILLIAMS SALON SPA FURNITURE 419 SO. NETHERWOOD CRES ALTAMONTE SPRINGS, FL 32714

SUBJECT: SALON SPA FURNITURE, INC.

Ref. Number: P06000095998

We have received your document for SALON SPA FURNITURE, INC. and check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6908.

Sylvia Gilbert Document Specialist

Letter Number: 107A00012750

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COVER LETTER

| TO: Amendment Section Division of Corporations |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|
| NAME OF CORPORATION: Salon Spa Furniture, Inc., DOCUMENT NUMBER: PO600095998. |
| The enclosed Articles of Revocation of Dissolution and fee are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| Auril WILLIAMS (Name of Contact Person) |
| Salon Spa Furniture (Firm/Company) |
| 419 So. NETHERWOOD CRES |
| ALTAMONTE SPRINGS FL. 32714 (City/State and Zip Code) |
| For further information concerning this matter, please call: |
| AVVI WILLIAMS at (407) 435-9647 (Name of Contact Person) (Area Code & Daytime Telephone Number) |
| Enclosed is a check for the following amount: |
| \$335 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional copy is enclosed) |
| Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building |

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

COVER LETTER

TO: Amendment Section

| Division of Corporations |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| SUBJECT: Dissolution of Corporation |
| DOCUMENT NUMBER: PO600095998 |
| The enclosed Articles of Dissolution and fee are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| AURII WILLIAMS (Name of Contact Person) |
| Salon Spa Furniture (Firm/Company) |
| |
| 419 So. Netherwood Cres (Address) |
| Altamonte Springs, Florida 32714-318' (City/State and Zip Code) |
| For further information concerning this matter, please call: |
| Auril Williams at (407) 435.9647 (Name of Contact Person) (Area Code & Daytime Telephone Number) |
| Enclosed is a check for the following amount: |
| \$35 Filing Fee \$\bigcup \\$43.75 Filing Fee & \bigcup \\$43.75 Filing Fee & \bigcup \\$52.50 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (Additional copy is enclosed) (Additional copy is enclosed) |
| MAILING ADDRESS:STREET ADDRESS:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301 |

ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

| FIRST: | The name of the corporation as currently filed with the Florida Department of State: |
|---------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | Salon Spa Furniture, Inc. |
| SECOND: | The document number of the corporation (if known): P0600095998 |
| THIRD: | The date dissolution was authorized: December, 31st 2006 |
| - | Effective date of dissolution if applicable: February, 28th 2007 (no more than 90 days after dissolution file date) |
| FOURTH: | Adoption of Dissolution (CHECK ONE) |
| | Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval. |
| | Dissolution was approved by the shareholders through voting groups. |
| | The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve: |
| | The number of votes cast for dissolution was sufficient for approval by |
| | President (1) |
| | (voting group) |
| | STATE FLORID |
| | Signature: (By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary) |
| | AVAIL WILLIAMS (Typed or printed name of person signing) |
| | President (Title of person signing) |

Filing Fee: \$35