


# 2008 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P07000010634</b> 1. Entity Name <b>RADA'S HAIR, INC.</b>						<div style="font-size: 24px; font-weight: bold; opacity: 0.5;">FILED</div> <div style="font-size: 18px; font-weight: bold; opacity: 0.5;">08 NOV -5 AM 11:46</div> <div style="font-size: 12px; font-weight: bold; opacity: 0.5;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div>	
Principal Place of Business <b>29719 67TH STREET NORTH CLEARWATER, FL 33761</b>				Mailing Address <b>29719 67TH STREET NORTH CLEARWATER, FL 33761</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			
4. FEI Number				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required			
<b>6. Name and Address of Current Registered Agent</b> <b>AVDIC, RADMILA 29719 67TH STREET NORTH CLEARWATER, FL 33761</b>				<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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: <i>[Signature]</i> (NOTE: Registered Agent signature required when reinstating)      DATE:							
<b>FILE NOW!!! FEE IS \$150.00 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	P	<b>AVDIC, RADMILA</b>	<input type="checkbox"/> Delete	TITLE		<b>800137620178</b> <b>11/05/08--01044--006 **150.00</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		29719 67TH STREET NORTH		NAME			
STREET ADDRESS		CLEARWATER, FL 33761		STREET ADDRESS			
CITY - ST - ZIP				CITY - ST - ZIP			
TITLE	VP	<b>AVDIC, SAJID</b>	<input type="checkbox"/> Delete	TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		29719 67TH STREET NORTH		NAME			
STREET ADDRESS		CLEARWATER, FL 33761		STREET ADDRESS			
CITY - ST - ZIP				CITY - ST - ZIP			
TITLE			<input type="checkbox"/> Delete	TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY - ST - ZIP				CITY - ST - ZIP			
TITLE			<input type="checkbox"/> Delete	TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY - ST - ZIP				CITY - ST - ZIP			
TITLE			<input type="checkbox"/> Delete	TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY - ST - ZIP				CITY - ST - ZIP			
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.							
<b>SIGNATURE:</b> <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date _____ Daytime Phone # _____			