2008 FOR PROFIT CORPORATION REINSTATEMENT

REINSTATEMENT									
DOCUMENT # P07000027602						•			
THE HAIR EXHIBIT, INC.						08 NOV 14 Pill2: 37			
Principal Place of Business Mailing Address						ALLAHASSEE, FLORIJA			
10458 LEM	TURNER RO	AD	10458 LEM TURNER ROAD				. 4 1 Pro 4 Pro 1 Pro 1		
JACKSONVILLE, FL 32219 JACKSONVILLE, FL 32219							SRIM IPSIT SSIM GRIM CRIM		Markill II IBB1
Principal Place of Business - No P.O. Box # Mailing Address									
Suite, Apt.	#, etc.		Suite, Apt. #, etc.			11042008	REIN-P	CR2E098 (1/07	")
City & State			City & State			4. FEI Numbe	3955173		Applied For Vot Applicable
Zip	Country		Zip	Country		5. Certificate	of Status Desired	□ \$8.75 A Fee Requi	
	6. Name	and Address of Current	Registered Agent	Name	7. Name and Address of New Registered Agent				
SPIEGEL		A, P.A.		Antonia R Horne Street Address (P.O. Box Number is Not Acceptable)					
1840 SW 22ND ST. 4TH FLOOR					8027 Ma	027 Mattox Avenue			
MIAMI, FL	33145					wille, Florida 32219			
City								FL Zip Co	
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 Steps by confer only of regulations of re									
Signature-Sychici or printed name of registered agent and bite if applicable. (NOTE: Registered Agent alguature required when reinstating) DATE									
FILE NOWII FEE IS \$150.00 After January 1, 2009, Fee will be \$300.00							In accordance was corporation did n	ith s. 607.193(2)(b not receive the prior	, F.S., the notice.
10.	DOD.	OFFICERS AND		11.		ADDITIONS/	CHANGES TO OFFIC	CERS AND DIRECTO	
TITLE NAME	PSD Delete HORNE, ANTONIA R				E E	6	00137	927956	Ξ, -
STREET ADDRESS CITY-ST-ZIP	10458 LEM TURNER ROAD JACKSONVILLE, FL 32219				ET ADDRESS -ST-ZIP	11/1	14/080104 	3021 **1	50.00
TITLE NAME	VPTD ROGERS.	ADDIN E	☐ Delete	FITLE	ŀ			Change	☐ Addition
STREET ADDRESS		TURNER ROAD		STRE	ET ADDRESS				İ
CITY+ST-ZIP	JACKSON	VILLE, FL 32219		CITY- TITLE	-ST-ZIP			Change	☐ Addition
NAME			Deads	NAME	E			பண்டு	Addition
STREET ADDRESS : CITY-ST-ZIP					ET ADDRESS - ST- ZIP				
TITLE			☐ Delete	TITLE				Change	☐ Addition
NAME STREET ADDRESS				STREE	ET ADDRESS				
CITY-ST-ZIP					-ST-ZIP				T desilies
TITLE NAME			☐ Delete	TITLE NAME				☐ Change	Addition
STREET ADORESS CITY-ST-ZIP					ET ADDRESS -St-zip				
TITLE			Delete	TITLE			<u> </u>	Change	Addition
NAME STREET ADDRESS				NAME STREE	ET ADDRESS				
CITY-ST-ZIP					-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.									
SIGNATURE: // JULY //									
SIGNATURE AND TIPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone (

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