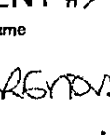
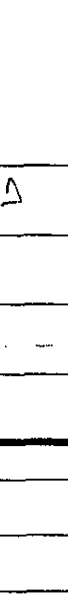
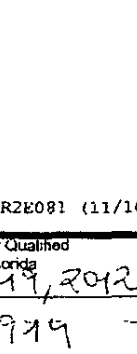


FILED

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                   |                                                                                      |                                                                                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|
| <b>CORPORATION<br/>REINSTATEMENT</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | <b>FLORIDA DEPARTMENT OF STATE</b><br>Secretary of State<br>DIVISION OF CORPORATIONS | <b>FILED</b><br><br>14 JAN 22 AM 10:25<br><br>SECRETARY OF STATE<br>TALLAHASSEE, FLORIDA |
| <b>DOCUMENT #</b> <span style="font-size: 1.2em;">P2000102628</span>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                   |                                                                                      |                                                                                          |
| <b>1. Corporation Name</b><br>D-HAIRGROVAL BEAUTY CONCEPT<br>FRANCHISING CORPORATION.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                   |                                                                                      |                                                                                          |
| <b>2. Principal Office Address - No P.O. Box #</b><br>SANTONA CORNER, SUITE 105<br>1430 SOUTH DIXIE HWY<br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                   | <b>3. Mailing Office Address</b><br>9912 EXINGTON LN, 1A<br>Suite, Apt. #, etc.      |                                                                                          |
| <b>City &amp; State</b><br>CORAL GABLE, FL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                   | <b>City &amp; State</b><br>NYC, NY                                                   |                                                                                          |
| <b>Zip</b><br>33146                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>Country</b><br>USA                                                             | <b>Zip</b><br>10021                                                                  | <b>Country</b><br>USA                                                                    |
| <b>4. Date Incorporated or Qualified To Do Business in Florida</b><br>DECEMBER 19, 2012                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                   | <b>5. FEI Number</b><br>46-1589949                                                   |                                                                                          |
| <b>6. CERTIFICATE OF STATUS DESIRED</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                   | <b>Applied For</b><br>Not Applicable                                                 |                                                                                          |
| <b>7. Name and Address of Current Registered Agent</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                   |                                                                                      |                                                                                          |
| <b>Name</b><br>CORPORATION SERVICE COMPANY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                   |                                                                                      |                                                                                          |
| <b>Street Address (P.O. Box Number is Not Acceptable)</b><br>1201 HAYS STREET                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                   |                                                                                      |                                                                                          |
| <b>State, Apt. #, Etc.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                   |                                                                                      |                                                                                          |
| <b>City</b><br>TALLAHASSEE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                   | <b>State</b><br>FL                                                                   | <b>Zip Code</b><br>32301                                                                 |
| <b>8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                   |                                                                                      |                                                                                          |
| <b>Signature of Registered Agent</b><br>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                   | <b>Date</b><br>12/26/13                                                              |                                                                                          |
| REGISTERED AGENT MUST SIGN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                   |                                                                                      |                                                                                          |
| <b>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                   |                                                                                      |                                                                                          |
| <b>Title</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>Name of Officers and/or Directors</b>                                          | <b>Street Address of Each Officer and/or Director</b>                                | <b>City / State / Zip</b>                                                                |
| P                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | MERY OAKNIN                                                                       | SANTONA CORNER, STE 105                                                              | CORAL GABLES, FL 33146 05                                                                |
| VP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ESTHER OAKNIN                                                                     | SANTONA CORNER, STE 105                                                              | CORAL GABLES, FL 33146 05                                                                |
| <b>REINSTATEMENT</b> <span style="font-size: 1.5em; float: right;">2013</span>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                   |                                                                                      | <b>JAN 24 2014</b>                                                                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                   |                                                                                      | <b>L. SELLERS</b>                                                                        |
| <b>10. E-mail Address:</b> ESTHER@D-HAIRGROVAL.COM<br><small>(To be used for future annual report notification)</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                   |                                                                                      |                                                                                          |
| <b>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., and that all fees owed by the corporation have been paid. I 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.617.155, F.S.</b> |                                                                                   |                                                                                      |                                                                                          |
| <b>SIGNATURE:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                   | <b>Date</b><br>12/26/13                                                              |                                                                                          |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                   |                                                                                      |                                                                                          |