PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
14 JAN 22 AM 10:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E081 (11/10)

DOCUMENT # P12000102628

1. Corporation Name
D-HAIRGROOVAL BEAUTY CONCEPT FRANCHISING CORPORATION.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
SANTONA CORNER SUITE 105 1430 SOUTH DIXIE HWY	971 LEXINGTON AV, 1D
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: CORAL GABLE, FL	City & State: NYC, NY
Zip: 33146 Country: USA	Zip: 10021 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: DECEMBER 19, 2012

5. FEI Number: 46-1589919 — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED — $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: CORPORATION SERVICE COMPANY

Street Address (P.O. Box Number is Not Acceptable): 1201 HAYS STREET

Suite, Apt. #, Etc.:

City: TALLAHASSEE State: FL Zip Code: 32301

200255127972
12/31/13--01007--005 **8.75

200255127972
12/31/13--01007--004 **750.00

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.

Signature of Registered Agent: Julia Cleaver Asst. Sec. Date: 12/26/13
REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	MERY OAKNIN	SANTONA CORNER, STE 105	CORAL GABLES FL 33146 US
VP	ESTHER OAKNIN	SANTONA CORNER, STE 105	CORAL GABLES, FL 33146 US
	REINSTATEMENT 2013		JAN 24 2014
			L. SELLERS

10. E-mail Address: ESTHER@D-HAIRGROOVAL.COM
(To be used for future annual report notification)

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.817.155, F.S.

SIGNATURE: 12/26/13 2127374247
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #