
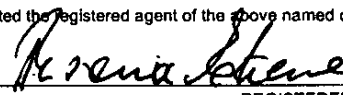
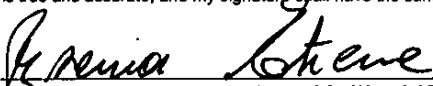


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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS	<b>FILED</b>  05 MAR -1 AM 11:41  SECRETARY OF STATE TALLAHASSEE, FLORIDA	
<b>DOCUMENT #</b> P93000025973				
<b>1. Corporation Name</b> ALL HAIR AND BEAUTY PRODUCTS, INC.				
<b>2. Principal Office Address</b> 13387 MEMORIAL HIGHWAY		<b>3. Mailing Office Address</b> 13387 MEMORIAL HIGHWAY		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State NORTH MIAMI, FLORIDA		City & State NORTH MIAMI, FLORIDA		
Zip 33161	Country USA	Zip 33161	Country USA	
<b>4. Date Incorporated or Qualified To Do Business in Florida</b> 04/05/1993		<b>5. FEI Number</b> 65-0418398		
<b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/>		\$8.75 Additional Fee required for a Certificate of Status		
<b>7. Name and Address of Current Registered Agent</b>				
Name ETIENNE, ROSENA				
Street Address (P.O. Box Number is Not Acceptable) 13387 MEMORIAL HIGHWAY				
Suite, Apt. #, Etc.				
City NORTH MIAMI		State FL	Zip Code 33161	
<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>				
Signature of Registered Agent 		Date 02-28-2005		
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>				
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip	
D	ETIENNE, ROSENA	13387 MEMORIAL HIGHWAY	NORTH MIAMI, FL 33161	
D	ETIENNE, NELTA	13387 MEMORIAL HIGHWAY	NORTH MIAMI, FL 33161	
D	ETIENNE, SAINTANA	13387 MEMORIAL HIGHWAY	NORTH MIAMI, FL 33161	
<b>10. 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., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.</b>				
<b>SIGNATURE:</b> 		Date 02-28-2005		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #		

REINSTATEMENT 94-05 JK

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03/09/05-01016-009 \*\*1964.00

CR2E081 (01/05)

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TO: DIVISION OF CORPORATION  
P.O. BOX 6327  
TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN:

AS PER YOUR INSTRUCTIONS, ENCLOSED YOU WILL FIND THE ANNUAL REPORT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION.

I NEVER RECEIVED THE ANNUAL REPORT NOTICE SINCE THE YEAR OF 1994 FROM YOUR OFFICE TO PAY THE ANNUAL FEE. PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS COMPANY IN ITS CURRENT STATUS AND WAIVE ANY LATE FEES.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS LETTER DON'T HESITATE TO CONTACT ME.

CORDIALLY,

A handwritten signature in cursive script, appearing to read "Etienne, Rosena", written over a horizontal dashed line.

ETIENNE, ROSENA  
PRESIDENT