K.A.

## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORMED

CORPORATION REINSTATEMENT  Secretary of State DMISCN OF CORPORATIONS  DOCUMENT#  1. Copposition Name  P94000011130 Gaby Attias Hair Design Inc.  2. Principal Office Address  18792 W. Dixie Hwy.  Sulfa, Apr. 8. etc.  3. Malfing office Address  18792 W. Dixie Hwy.  Sulfa, Apr. 8. etc.  4. Date Incorporation of Dualification  To be Business in Florida — 2/10/94*  Aventura, FL Aventura, FL So-Out/73129  Aventura, FL Aventura, FL Gonton  To Business in Florida — 2/10/94*  To Name and Address of Current Registered Agent  To North Miami Beach  Sulfa, Apr. 5 Ec.  Apt. 215  To North Miami Beach  Titles  Office and/or Director for North Agent of the Science of the Science of the Science of Control of								3		1 1 2244	
DOCUMENT#  1. Corporation Name  P94000011130 Gaby Attias Hair Design Inc.  2. Principal Office Address  18792 W. Dixie Hwy.  Sulta, Apt. # 6::  Cay Stale  Aventura, FL  Country  33180 USA  7. Name and Address of Current Registered Agent  Name  Gaby Attias  Sove Address (PO Box Number is Not Acceptable)  1300 N.E. Miami Gardens Drive  North Miami Beach  8. I. being appointed the registering Agent of the above named congenition, are furnished with and accept the obligations of section 607 0005 or 617 0000, F.S.  Signature of North Address of Oxford andro Prector (Publications)  North Miami Beach  8. I. being appointed the registering Agent of the above named congenition, are furnished of section of Control o	CORFORATION				Secretary of State						
Gaby Attias Hair Design Inc.  2. Principal Office Address  18792 W. Dixie Hwy.  Suke, Apt 8, etc.  Suke, Apt 8, etc.  City & State  A Design Experiment of Country  33180 USA  To be Descripted to Country  33180 USA  To be country  417012 SIS F CLC 4  10/17/03-01/025-021 # 1208.75  State Address FO. Box Number is Not Acceptable)  1300 N. E. Miami Gardens Drive  10/17/03-01/025-021 # 1208.75  State Apt 1. Clc 3317-9  Between Country  To be country  To be country  10/17/03-01/025-021 # 1208.75  State Address FO. Box Number is Not Acceptable)  1300 N. E. Miami Beach  FL  33179  State Address of Each Officer and/or Director (Public Officer and/or Directo			#					3	[ALL	ml 177(347	
Suite, Apt 8, etc.  Suite, Apt 8, etc.  Suite, Apt 8, etc.  Suite, Apt 8, etc.  Aventura, FL Ave				air Desi	gn Inc.				enict.	ationnei	
City & State  Aventura, FL  Aventura, FL  Aventura, FL  Aventura, FL  Aventura, FL  S. FEI Number  65-0473129  STA Aventura  10	1879	92 W.		e Hwy.	18792 W. Dixie Hwy.			ARPRAS IN CHRISTAR OF CO.			
Aventura, FL  Zip  Zip  Zip  Zip  Zip  Zip  Zip  Zi								4. Date Incorporated or Qualified To Do Business In Florida — -2/10/94			
7. Name and Address of Current Registered Agent  Name Gaby Attias Sirved Address (P.O. Box Number is Not Acceptable) 1300 N.E. Miami Gardens Drive  8. L. being appointed the registered Agent in 10/17/03 - 01025 - 021 * 1208.75  Signature of Registered Agent PL 33179  8. L. being appointed the registered egent of the above named corporation, an familiar with and accept the obligations of section 607.0505 or 617.0505, P.S. Signature of Registered Agent REGISTER AGENT MUST SIGN  9. Names and Street Addresses of Each Officer and/or Director (Florida aboptofic corporations must list at least 3 directors)  1300 N.E. Miami Gardens No. Miami Beach, FI. P/D Gaby Attias  1300 N.E. Miami Gardens No. Miami Beach, FI. Drive, Apt. #215.  10. Learly 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 mason for dissolution has been eliminated, the corporate name salidies the requirements of section 607.0401 or 407.0401, F.S. The information on this application is two and accorption, and my signature shall have the same legal effect as if made under cash.  SIGNATURE:	Aventura, FL			Aventura,	,		65-0473129 Not Applicable			ot Applicable	
Sued Address (P.O. Box Number is Not Acceptable)   1300 N.E. Miami Gardens Drive   10/17/0301025021 * 1208.75	3318	30	USA	· · · · · · · · · · · · · · · · · · ·	33180	USA		CERTIFICATE	OF STATUS DESIRE	58.75 Additional for a Certification	al Fee required ate of Status
9. Names and Street Addresses of Each Officer and/or Directors  Name of Officers and/or Directors  Name of Officers and/or Directors  1300 N.E. Miami Gardens No. Miami Beach, FL Drive, Apt. #215 33179-  10.1 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 salisfies 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.  SIGNATURE:	Gaby Attias  Street Address (P.O. Box Number is Not Acceptable) 1300 N.E. Miami Gardens Drive 10/17/0301025021 * 1208.75  Suite, Apt #, Etc. Apt. 215 City North Miami Beach  State Zip Code FL 33179										
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P/D Gaby Attias Drive, Apt. #21533179-  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.  SIGNATURE:	Titles									City / State / Zip	
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	this rei owed b on this	nstatement apply the corpora application is	pplication, tion have true and	the reason for dissippen paid and the accurate, and my significant	olution has been eliminated names of individuals listed ignature shall have the sam	, the corporate r on this form do n e legal effect as	name satisfies not qualify for a if made under	the requirements on exemption unde	of section 607.040° er section 119.07(3)	or 617.0401, F.S., tha (i), F.S. The information 5-466-204	at all fees n indicated

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