


1084000022501

FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

04 JUL 19 AM 10:59

SECRETARY OF STATE
TALLAHASSEE FLORIDA

| | | |
|--------------------------------------|---|--|
| CORPORATION REINSTATEMENT |  | FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS |
| | | |

DOCUMENT # P94000049172

1. Corporation Name
 THE CAPELLI SALON, ~~INC~~ of PENSACOLA, INC

4400 BAYOU BLVD
 SAME

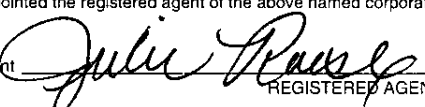
| | | | |
|---|--------------------------|--|--------------------------|
| 2. Principal Office Address 4400 BAYOU BLVD | | 3. Mailing Office Address SAME | |
| Suite, Apt. #, etc. SUITE 53A | | Suite, Apt. #, etc. SAME | |
| City & State PENSACOLA, FL | | City & State PENSACOLA, FL | |
| Zip 32503 | Country UNITED STATES | Zip 32503 | Country UNITED STATES |

REINSTATEMENT 01-09

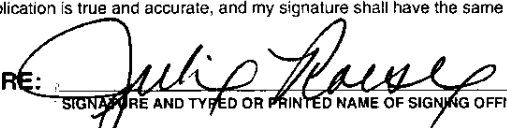
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|--|--|
| 4. Date Incorporated or Qualified To Do Business in Florida 07/12/1994 | |
| 5. FEI Number 59-3250276 | Applied For <input type="checkbox"/> Not Applicable |
| 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status | |

| | | | |
|--|--|-------------|-------------------|
| 7. Name and Address of Current Registered Agent | | | |
| Name JULIE ROESLE | | | |
| Street Address (P.O. Box Number is Not Acceptable) 777 RIDGE RD | | | |
| Suite, Apt. #, Etc. | | | |
| City PENSACOLA | | State FL | Zip Code 32514 |

| | |
|---|----------------|
| 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  | Date 6-4-04 |
| 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 |
| PRES. | JULIE ROESLE | 777 RIDGE RD | PENSACOLA, FL 32503 |
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|--|----------------|---------------------------------|--|
| 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:  | Date 6-4-04 | Daytime Phone # 850 474 3744 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | |

CR2E081 (01/04)