| CORPORATION REINSTATEMENT | FLORIDA DEPARTMENT OF STATE **Jim Smith** Secretary of State DIVISION OF CORPORATIONS | 02 OCT 18 AM 8: 44 SECRETARY OF STATE TALLAHASSEE, FLORIDA |

DOCUMENT # P95000015579

1. Corporation Name

GOLDEN YEARS SALON SERVICES, INC.

3000084276234
-10/17/02--01057--015
****873.00 ****750.00

2. Principal Office Address 955 S. CONGRESS AVENUE	**3.** Mailing Office Address 955 S. CONGRESS AVENUE	
Suite, Apt. #, etc. #117	Suite, Apt. #, etc. #117	
City & State DELRAY BEACH, FLORIDA	City & State DELRAY BEACH, FLORIDA	**4.** Date Incorporated or Qualified To Do Business in Florida 02/23/95

Zip 33445	Country USA	Zip 33445	Country USA	**5.** FEI Number 65-0561875	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 MITCHELL D. ADLER

Street Address (P.O. Box Number is Not Acceptable) 2021 TYLER STREET

Suite, Apt. #, Etc.

City HOLLYWOOD	State FL	Zip Code 33020

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 _____ REGISTERED AGENT MUST SIGN   Date 10/16/02

CR2E081 (9/01)

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
D/P/S/T	NODEN, ANN	955 S. CONGRESS AVENUE	DELRAY BEACH, FLORIDA 33445

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: _____ VPOA Ann Noden, President   561 272 9272

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

10/18/02