# PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FILED AND FILED

## APPLICATION FOR





BEINSTATEMENT	Secretary of DIVISION OF CORPO	07 400 00 444
DOCUMENT #POC 1. Corporation Name HAIR'S TO YOU INC.	5000018334 19	196-1991 Amual Rybrat
Principal Place of Business 3960-A S.W. Mapp R Palm City, FL 3499		
If above addresses are incorrect in ar 2. New Principal Office Address, If App. 2960-A S.W. Mapp R Suite Apt. #, etc.		Applicable 4. Date Incorporated or Qualified
City & State Palm City, FL Zip 34990 Country U	City & State Palm City, FL  Zip Coun  34990  Coun	USA    CERTIFICATE OF STATUS DESIRED   S8 75 Additional Feb required for a Certificate of Status
Title(s) Name and/or	Directors	rations must list at least 3 directors) reet Address of Each fficer and/or Director City / State / Zip Jse Post Office Box Numbers) 4
P D NICHOLAS R. M P S T LINDA L. MARK	Palm Ci	S.W. Mapp Road ty, FL 34990 S.W. Mapp Road ty, FL 34990
		8000021574183 -04/28/9701152007 ****373.75 ****373.75
8. Name and Addres	s of Current Registered Agent	9. Name and Address of New Registered Agent Name
CORPORATE CREATIONS 4521 PGA Blvd., Suit Palm Beach Gardens,	e 211	MICHAEL L. DALE, ESQ.  Street Address (P.O. Box Number is Not Acceptable) 5154 SE Federal Highway  Suite, Apt. *, Etc.  City tuart  State Zip Code 7 34997
10. I, being appointed the registered against a common to the segment and the	ent of the above named corporation, am familiar v	th and accept the obligations of Section 607.0505, F.S.  Date 4/21/97
11. Does this corporati Dept. of Revenue u	on pay any intangible tax to tl Inder S. 199.032, Florida Stat	ne (See other side for information on intangible tax.)
this reinstatement application, the re owed by the corporation have been	ason for dissolution has been eliminated, the corp	this application as provided for in chapter 607 or 617, F.S. I further certify that when filing orate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees m do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated ect as if made under oath.
SIGNATURE: SIGNATURE AND NECHOLA	DIFED OMPRINTED NAME OF SIGNING OFFICER OR S. W. MARFIONE	DIRECTOR Date Daytime Phone #

### MICHAEL L. DALE ATTORNEY AT LAW

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5154 S. E. FEDERAL HIGHWAY STUART, FLORIDA 34997 TELEPHONE: (561) 286-2323 FACSIMILE: (561) 286-7403

April 22, 1997

VIA OVERNIGHT COURIER N142 7669 71 3

Florida Secretary of State 409 E. Gaines Ave. Tallahassee, FL

Attn: Ms. Amy Allen Re: Hair's To You Inc.

Dear Ms. Allen:

Enclosed please find my client's check in the amount of \$375.75 representing payment of the 1996 and 1997 annual corporate renewal fee together with an additional \$8.75 for a Certificate of Status. I understand that you have waived the charge for the filing delinquency in the 1996 annual return due to a clerical error in the address of my client. Please note on the enclosed re-instatement form and 1997 annual report that the correct address is listed there for your records. Please forward the Certificate of Status to us at your earliest opportunity.

Sincerely,

Michael L. Dale, Esq.

MLD/er

XC: Hair's to You Inc.

Nicholas R. Marfione, Pres.