PLEASE READ ALL INSTRUCTIONS BEFORE C	OWPLETING THIS FORM.
CORPORATION REINSTATEMENT  FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED - 04 JUN - 1 PH 4: 04
DOCUMENT # 1950000 61590  1. Corporation Name May als School of Beaute Troc	SECRETARY OF STATE TALLAHASSEE, FLORIDA
2. Principal Office Address 3. Mailing Office Address Suite, Apt. #, etc.  3. Mailing Office Address Suite, Apt. #, etc.	4. Date Incorporated or Qualified
City & State  Country  Country  Country	To Do Business in Florida  5. FEL Number  5. 9-3346-7-1
7. Name and Address of Current Registered Agent  Name	
Suite, Apt. #, Etc.  City St. Peters Dura.  State Zin Code 7// FL 331//	
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 4/19/04	
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at lea	<del></del>
Titles Name of Street Address of Each Officers and/or Directors Officer and/or Director	
+ Mang M Thomas 3801 11th Ave So St. Pete F/ 33718	
VP Manuel A Chavous 3801 149 Ave 50 St. Pete F/ 337V	
T Calvin L. Gordon 540 Carillon, PKwit 204557 Pete, F/ 33 NE	
D Dylando Catz P Britain 3801 11 Au	18.50 St. Petershum Flash
D Henry L Fisher 3801 11th ANP.	So St Petersburg Flague
Dearis L. Adams 2235 5th St	So St Petershwafl 33/m
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 filling 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: MANUAL MODE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Date  Date	

May 12, 2004
Mayor M. Shomas
Mayor School of Blaute, clne
3754 Central avenue
St. Petersburg, 7-l 33711

Mepartment of State
Minister of Corporations
P.O. Box 6327
Jallahassel, 71 32314

than sending payment to reinstate my corporation. I did not receive notice. Per Katrina she indicated that it should inform you.

Respectfully, Maya M. Thomas