FLORIDA DEPARTMENT OF STATE **APPLICATION Katherine Harris** FOR Secretary of State REINSTATEMEN DIVISION OF CORPORATIONS 00 OCT 24 PM 12: 08 **DOCUMENT#** P95000082497 SECRETARY OF STATE TALLAHASSEE, FLORIDA 1. Corporation Name A HAIR PARLOUR, INC. Principal Place of Business Mailing Address A HAIR PARLOUR, INC. 3245 BONNYBROOK DR 6541 N. SOCRUM LOOP RD 6541 N SOCRUM LOOP RD LAKELAND FL 33811 LAKELAND FL 33809 If above addresses are incorrect in any way, line through incorrect information and enter correction below. 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable Date Incorporated or Qualified
To Do Business in Florida 10/24/1995 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number Applied For 59-3344809 City & State Not Applicable \$8.75 Additional Fee required Country Zip Country Zip CERTIFICATE OF STATUS DESIRED for a Certificate of Status 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Street Address of Each Officer and/or Director Name of Officers and/or Directors Title(s) City / State / Zip 3245 BONNYBROOK DR LAKELAND FL 33811 **PSD** SANDERS, SANDRA L 33803 3263 BRIDGEFIELD DR 3245 BONNYBROOK DR-LAKELAND FL 33811 **OTV** SANDERS, RONALD D 3263 BAIDS EFIELD DR 33803 1000003456161 -11/07/00--01121--021 ****150.00 ****150.00 8. Name and Address of Current Registered Agent 9. Name and Address of New R Name SANDERS, SANDRA L Street Address (P.O. Box Number is Not Acceptab 8245 BONNYBROOK DR. 3263 BRIDGEFIELD PR. Suite, Apt. #, Etc. LAKELAND FL 33811 33 803 State Zip Code City am familiar with and accept the obligations of Section 607.0505, F.S. 10. I, being appointed the registered agent of the above named corpor Signature of Registered Age REGISTERED AGENT MUST SIGN 11. 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.

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ARITHMETECH, INC.

5005 Dorman Road ~ Lakeland, Florida 33813 ~ (863) 646-0821 Fax 644-3883

October 17, 2000

Florida Department of State Division of Corporations Annual Report/Reinstatement Section P.O. Box 6327 Tallahassee, FL 32314-6327

RE:

A Hair Parlour, Inc. Document # P95000082497 Fed ID # 59-3344809

Attached, please find your Application for Reinstatement for A Hair Parlour, Inc. Enclosed is a check for \$150.00 as payment for the 2000 annual report fee. This is a replacement for check number 3037 for \$150.00 which was mailed to you on March 16, 2000. It appears this check was either lost in the mail or misplaced at your department.

It is quite apparent that this fee was timely paid back in March, although lost. It is our request that you reinstate A Hair Parlour, Inc. at your earliest convenience and accept the replacement check as full payment to do so. This corporation has been organized since 1995 and has always paid the annual report fee timely. The first knowledge of you not recording the original payment became evident with your dissolution action.

Thank you for your prompt attention to this matter. Contact me further if questions arise.

Sincerely,

Douglas V. Bailey Enrolled Agent

Enc.

cc: Sandra L. Sanders A Hair Parlour, Inc.