APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

P95000091421

1. Corporation Name

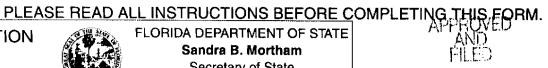
L. L.'S CUSTOM HAIR & BEAUTY SUPPLIES, INC.

Principal Place of Business

Mailing Address

8951 ATLANTIC BLVD., STE. 401 JACKSONVILLE FL 32225

9951 ATLANTIC BLVD., STE. 401 JACKSONVILLE EL 32225



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SECRETARY OF STATE TALLAHASSEE, FLORIDA

7-31-96 904-725-1113

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If above a	iddresses are	incorrect in any way, line th	arouch incorrect in	ntormation s	and enter o	orrection holow				
If above addresses are incorrect in any way, line through incorrect 2. New Principal Office Address, If Applicable 3. New Mai				w Mailing Office Address, If Applicable Apt. #, etc.			Date Incorporated or Qualified To Do Business in Florida 11/29/1995			
Suite, Apt. #, etc. Suite, A							F FFIALmbar			1
City & State			City & State					59-3346086 Applied For Not Applicable		
Zip		Country	Zip		Country		6. CERTIF	ICATE OF STATUS DESIRED S8.	75 Addi or a Cei	tional Foc required tificate of Status
7. Names	and Street Ad	dresses of Each Officer and	1/or Director (Flo	rida nonpro	fit corporat	ions must list at le	ast 3 director	s)		
Title(s)	2	Name of Officers and/or Directors 2			Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box N			City / State / Zip		
D /P	SPOSATO), JOHN SR.		9951 AT	TLANTIC I	BLVD., STE. 401	1	JACKSONVILLE FL 322	25	
R	MNDER, LIGHT STATE			X 2000 BISHOP HIM KNEEK CHROCK XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX						
D	GUADAGNI, VIERI G.			5270 FOX STREET			DENVER, CO	802	217	
							ı	500002056 -01/14/970 ****383.75		
							NET	TEMEN		M.
8. Name and Address of Current Registered Agent						. Name and Address of New Registered Agent, WWW				
SPOSATO, JOHN SR. 9951 ATLANTIC BLVD., STE. 401						Street Address (P.O. Box Number is Not Acceptable)				
JACKSONVILLE FL 32225					Suite, Apt. #, Etc.					
					•	City		State FL	Zip C	ode
10. I, being Signature o Registered		e registered agent of the ab	pove named corporate Age (STERED AG	, 		n and accept the c	obligations of	Section 607.0505, F.S.	- 4	7.
11. Do De	es this opt. of R	corporation pay evenue under S	any intang . 199.032,	jible tax Florida	x to the a Statu	etes. Yes	□ No	(See other side on Intar	le for inf ngible ta	
12. I certify this rein	that I am an o statement app	officer or director or the rece ofication, the reason for diss	eiver or trustee er solution has been	npowered to eliminated,	o execute tl , the corpor	nis application as attended	provided for it the requirem	n chapter 607 or 617, F.S. I further nents of section 607.0401 or 617.0	certify t	hat when filing

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

JOHN SPOSATO, SR.

on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

BO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR