PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
03 MAY 15 PM 1:05
SECRETARY OF STATE
TALLAHASSEE FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000008037 (9)

REINSTATEMENT 99-03

1. Corporation Name

Beauty Concepts, Inc.

2. Principal Office Address	3. Mailing Office Address
2551 N. Atlantic Ave.	2551 N. Atlantic Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Daytona Beach	City & State: Daytona Beach
Zip: 32118 Country: Volusia	Zip: 32118 Country: Volusia

4. Date Incorporated or Qualified To Do Business in Florida: 1/25/1996

5. FEI Number: 59-3354269 ☐ 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: Ly Kim Vaughn

Street Address (P.O. Box Number is Not Acceptable): 2551 N. Atlantic Avenue

Suite, Apt. #, Etc.:

City: Daytona Beach State: FL Zip Code: 32118

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: Ly Vaughn (REGISTERED AGENT MUST SIGN) Date: 5/12/03

CR2E081 (10/02)

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
PRESP	Ly Kim Vaughn	2551 N. Atlantic Avenue	Daytona Beach / FL / 32118
V	Leigh Vaughn	5712 Renee Court	Lilburn / GA / 30047

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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: Ly Vaughn (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date: 5/11/03 Daytime Phone #: (386) 673-2533

JT 5/22