


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

2010 CORPORATION ANNUAL REPORT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE TALLAHASSEE, FLORIDA 10 MAY -4 AM 7:37																													
DOCUMENT # P96000071080																																			
1. Corporation Name Daniel James Salon, INC.																																			
2. Principal Office Address - No P.O. Box # 45 West Bay St Suite, Apt. #, etc. 101 City & State JACKSONVILLE FL Zip 32202 Country USA				3. Mailing Office Address Suite, Apt. #, etc. City & State Zip Country																															
4. Date Incorporated or Qualified To Do Business in Florida 1995				5. FEI Number 59 339 4606																															
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				APPLIED FOR Not Applicable																															
7. Name and Address of Current Registered Agent Name Daniel James Gamsky Street Address (P.O. Box Number is Not Acceptable) 9920 E. COVE VIEW DR. Suite, Apt. #, Etc. City JAX. FL State FL Zip Code 32257				PROFIT CORPORATIONS ONLY <input checked="" type="checkbox"/> The \$600.00 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.																															
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 Daniel James Gamsky Date 5/1/2010 REGISTERED AGENT MUST SIGN																																			
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)																																			
<table border="1"><thead><tr><th>Titles</th><th>Name of Officers and/or Directors</th><th>Street Address of Each Officer and/or Director</th><th>City / State / Zip</th></tr></thead><tbody><tr><td>P</td><td>Daniel James Gamsky</td><td>9920 E. COVE VIEW DR.</td><td>JAX. FL 32257</td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr></tbody></table>								Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip	P	Daniel James Gamsky	9920 E. COVE VIEW DR.	JAX. FL 32257																				
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10. E-mail Address: daniel@danieljamesalon.com (to be used for future annual report notification)																																			
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. I further certify, 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: Daniel James Gamsky DANIEL JAMES GAMSKY 5/1/10 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 904 536-6546																																			