|   |   | PLEASE READ  | ALL INSTRUC                       | TIONS          | BEFORE O  | OMPLET   | ING THIS FORMVELL                                    |      |
|---|---|--|-----------------------------------|----------------|---|--|--|------|
|   | GO ICA  | TION CONTRACTOR OF THE PROPERTY OF THE PROPERT | FLORIDA DER<br>Sandi<br>Secr      |                | NT OF STATE<br>tham<br>state  | 1  | AND<br>FILED<br>98 DEC -2 AM 10: 23                  | •    |
|   | DOCUMENT # 897000031559   |  |                                   |                | <u> </u>  | SECRETARY OF CALAR   |  |      |
|   |   | Name<br>2 HAIR, INC.   |                                   |                |   |  | SECRETARY OF STATE FALLAHASSEE, FLORIDA              |      |
|   | Principal Place of Business Mailing Address  220 S-Holly Ave  Orange City, FL 32763  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 |  |                                   |                |   |  |  | -    |
|   | Suite, Apt. #, etc.   | - Address, ii Applicable   | Suite, Apt. #, etc.  City & State |                | ——————————————————————————————————————                              | 4. Date Incorp<br>To Do Busi   | orated or Qualified<br>ness in Florida 4-97          |      |
|   | City & State  |  |                                   |                |   | 5. FEI Number Applied For  |  |      |
|   | Zip Country   |  | Zip Count                         |                | /   | 6. CERTIFICATE OF STATUS DESIRED   Not Applicate for a Certificate of Status |  | red  |
|   | 7. Names and Street A   | Addresses of Each Officer and/   | or Director (Florida non          | profit corpora | tions must list at lea  | <u> </u>   | for a Certificate of Status                          | 4    |
|   | Title(s)  | Name of Officers S Title(s) and/or Directors C   |                                   |                | eet Address of Each<br>icer and/or Director<br>se Post Office Box N | r Director City / State / Zip  |  |      |
|   | 0 - 2   | Pres MARY L. WALTERS 1930 C  |                                   |                |   | neert Road Deltona, Fl 32738   |  |      |
|   | Section R   | Pichard S. u   | Palters 19                        | 30 C           | oncert.   | Boad   | Deltona, Fl. 32738                                   |      |
|   |   |  |                                   |                |   | <del></del>  |  |      |
|   |   |  |                                   |                |   | <del></del>  | JA 12/19   | -    |
|   | Name and Address of Current Registered Agent  |  |                                   |                |   | Name and Address of New Registered Agent                                     |  |      |
|   | MARY  | L. WALTE   | ERS                               |                | Name  |  |  | 1/98 |
|   | 220 S. Holly Ave  |  |                                   |                |   | State   Zip Code   |  |      |
|   |   |  |                                   |                | Suite, Apt. #, Etc.   |  |  |      |
|   | 10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obli  |  |                                   |                |   | ligations of Secti   | FL ion 607.0505, F.S.                                |      |
| X   | Signature of Registered Agent May L. Watters REGISTERED AGENT MUST SIGN   |  |                                   |                |   |  | Date   |      |
|   | 11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.  (See other side for information on Intangible Personal Property tax due June 30.  |  |                                   |                |   |  |  |      |
| 12. 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 furt this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 61 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. on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.  SIGNATURE:  MALL  SIGNATURE:  Date  1/12-98 (9)  Date |   |  |                                   |                |   |  | of section 607.0401 or 617.0401, F.S., that all fees | -    |
|   |   |  |                                   |                |   |  | 11-12-98 (964) 115-1707<br>Date Daytine Phone #      |      |

## CREMER PRICE FINANCIAL SERVICES, INC.

65-B South U.S. Highway 17-92 DeBary, Florida 32713 (407) 668-8685 Fax (407) 668-6889

November 16, 1998

Secretary of State State of Florida 5050 W. Tennessee Street Tallahassee, Fl. 32399-0135

Re: In 2 Hair Inc. Annual Report

## Gentlemen:

I contacted the Annual Reports Section regarding the Annual report for In 2 Hair, inc. in October, 1998. It came to our attention that Mrs. Walters, the President of this Corporation, had not received an Annual Report for 1998. This being the first year of the Corporations existence, she was unaware that this needed to be filed.

It now comes to our attention that the address on file with the State of Florida, Division of Corporations had been changed. The form was never forwarded to the new location.

We are, therefore, requesting that the penalties for failure to file the report be abated. I was assured in my phone conversation with the Reinstatement Department that this could be done by sending this letter of explanation. This is a small business and the penalties would create a severe hardship.

Lillian Ciambriello

LC:dd

- Accounting

iambriello

Payroll