


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		<b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000064823

1. Corporation Name

EPOCHS THE SALON, INC.

2. Principal Office Address

1600 Sarno Road

3. Mailing Office Address

1600 Sarno Road

Suite, Apt. #, etc.

Suite #14

Suite, Apt. #, etc.

Suite #14

City & State

Melbourne, FL

City & State

Melbourne, FL

Zip

32935

Country

USA

Zip

32935

Country

USA

REINSTATEMENT 00-05

4. Date Incorporated or Qualified  
To Do Business in Florida

07/24/1997

5. FEI Number

59-3459510

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

Gary B. Frese

Street Address (P.O. Box Number is Not Acceptable)

930 S. Harbor City Boulevard

Suite, Apt. #, Etc.

Suite 505

City

Melbourne

State

FL

Zip Code

32901

100057156191

07/07/05--01029--010 \*\*1508.75

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

*Ray B. Frese*

REGISTERED AGENT MUST SIGN

Date 06/29/2005

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
P, D	Denise M. Diana	3500 Kent Drive	Melbourne, FL 32935
V, D	David L. Diana	3500 Kent Drive	Melbourne, FL 32935

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:

*Denise M. Diana*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DENISE M. DIANA

Date

7/5/05

(321) 757-6788

Daytime Phone #

CR2E081 (01/05)