

PLEASE READ ALL INSTRUCTIONS **BEFORE** COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT 		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 997000075754 1. Corporation Name <div style="font-size: 1.5em; font-family: cursive;">TOTAL HEAD CREATIONS INC.</div>			
Principal Place of Business <div style="font-size: 1.2em; font-family: cursive;">3601 DIXIE HWY NE #1</div>		Mailing Address <div style="font-size: 1.2em; font-family: cursive;">PALM BAY FL 32905-2707</div>	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.			
2. New Principal Office Address, If Applicable <div style="font-size: 1.2em; font-family: cursive;">2010 HELEN ST</div>		3. New Mailing Office Address, If Applicable <div style="font-size: 1.2em; font-family: cursive;">2010 HELEN ST</div>	
City & State <div style="font-size: 1.2em; font-family: cursive;">MELBOURNE FL</div>		City & State <div style="font-size: 1.2em; font-family: cursive;">MELBOURNE FL</div>	
Zip <div style="font-size: 1.2em; font-family: cursive;">32901</div>	Country <div style="font-size: 1.2em; font-family: cursive;">USA</div>	Zip <div style="font-size: 1.2em; font-family: cursive;">32901</div>	Country <div style="font-size: 1.2em; font-family: cursive;">USA</div>
4. Date Incorporated or Qualified To Do Business in Florida <div style="font-size: 1.2em; font-family: cursive;">08/29/97</div>		5. FEI Number <div style="font-size: 1.2em; font-family: cursive;">59-3465495</div>	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>		Applied For <input type="checkbox"/> Not Applicable	
\$8.75 Additional Fee required for a Certificate of Status			
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PRESIDENT	JOHN TYLER	5072 SPRING HILL DR	PENSACOLA FL 32503
DIRECTOR	JOHN TYLER	2010 HELEN ST	MELBOURNE FL 32901
PRESIDENT			
8. Name and Address of Current Registered Agent <div style="font-size: 1.2em; font-family: cursive;">JOHN TYLER 2010 HELEN ST MELBOURNE FL 32901</div>		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State FL Zip Code	
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent JOHN TYLER Date <div style="font-size: 1.2em; font-family: cursive;">10/4/99</div> REGISTERED AGENT MUST SIGN			
11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (See other side for information on intangible tax.)			
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 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:		SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <div style="font-size: 1.2em; font-family: cursive;">JOHN TYLER</div>	
		Date <div style="font-size: 1.2em; font-family: cursive;">407-726-0431 850-474-1333</div>	

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

99 OCT -5 PM 12:02

REINSTATEMENT 98-99

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