PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 OCT -4 PM 4:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000105149

1. Corporation Name

MUNDIAL BEAUTY SUPPLIES, INC

2. Principal Office Address	3. Mailing Office Address
6993 NW 50 ST	6993 NW 50 ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI FLORIDA	City & State: MIAMI FLORIDA
Zip: 33166 Country: U.S.A	Zip: 33166 Country: MIAMI DADE

03-04

4. Date Incorporated or Qualified To Do Business In Florida: 12/15/1997

5. FEI Number: 65-0822813 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ $5.00 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: FRANCISCO PARRA

Street Address (P.O. Box Number is Not Acceptable): 1075 W 77 St # 109

Suite, Apt. #, Etc.:

City: Hialeah State: FL Zip Code: 33014

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: Francisco Parra. Date: SEPT 30/04

REGISTERED AGENT MUST SIGN

CR2E081 (01/04)

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	FRANCISCO PARRA	1075 W 77 St # 109	HIALEAH FL 33014
S	SANDRA FUERTE	1075 W 77 St # 109	HIALEAH FL 33014

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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: Francisco Parra FRANCISCO PARRA SEPT 30/04 305-308-0284

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #