

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000025714

1. Corporation Name

HAIR YOUTH INC.

2. Principal Office Address

2343 CORAL WAY

Suite, Apt. #, etc.

City & State

MIAMI, FL.

Zip

33145

Country

Dade

3. Mailing Office Address

2343 CORAL WAY

Suite, Apt. #, etc.

City & State

MIAMI, FL.

Zip

33145

Country

DADE

4. Date Incorporated or Qualified
To Do Business in Florida

3-19-1998

5. FEI Number

650826739

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

CR2E081 (12/05)

03-07

7. Name and Address of Current Registered Agent

Name

ROSA MENDEZ

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

1240 SW 30 AVE

Suite, Apt. #, Etc.

City

MIAMI, FL

State
FL

Zip Code

33135

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 10-23-06

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
PRESIDENT	ROSA MENDEZ	1240 SW 30 AVE	MIAMI, FL. 33135
VICE PRESIDENT	MARIA CARALT	1240 SW 30 AVE	MIAMI, FL 33135

900081177659
10/25/06--01008--004 **1050.00

04/28/03 90976 008 B150.0

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 contained in Chapter 119, 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-23-06 (305) 285-6280

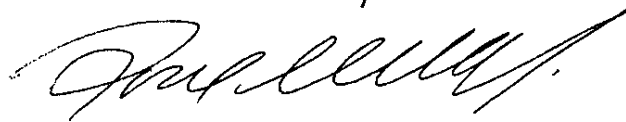
Date

Daytime Phone #

To whom it may concern;

Enclosed is the reinstatement form and moneys needed to activate Hair Youth Inc. I would like to take this time to inform you in writing that I did not receive any of the annual reports and was unaware that the Corporation had gone inactive. The Registered Agent and service address was changed to a new valid address. I Appreciate the assistance provided by the Department on the phone to help me fill this application.

Sincerely



10-23-06