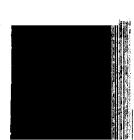
| | PLEASE READ | ALL INS | TRUCTIONS | BEFORE C | COMPLET | ING THIS FORM. | |
|--|--|--|--|---|--|---|---|
| AP REIN | PLICATION BY | | A DEPARTMEN Katherine Ha Secretary of S IVISION OF CORPOR | rris itate | | PYTCLKETAR PYTSION OF C | LED Y OF STAIL ORPORATION: |
| DOCUMENT # P98000027136 1. Corporation Name | | | | | 01 DEC -4 PM 6:28 | | |
| SAROI | L'S HAIR DESIGN, INC. | | | | | | |
| Principal P | Principal Place of Business Mailing Addre | | | | 1 | | |
| 5243 COCONUT CREEK PKWY. 5243 COCON MARGATE FL 33063 MARGATE FL | | | IUT CREEK PKWY. . 33063 | | | | |
| New Pr | addresses are incorrect in any way, line the incipal Office Address, If Applicable | 3. New Mail 5243 | ing Office Address, If | | 4. Date Incorp | orated or Qualified ness in Florida 03/ | 24/1998 |
| THE PARTY OF THE P | | | | | 5. FEI Numbe | r | Applied For |
| City & State City & State | | | 40 6 - | | 6. | 65-0821890 | Not Applicable |
| ²ip | Country | Zip 3-3(| Country U | × 4 | CERTIFICATE | | 5 Additional Fee required or a Certificate of Status |
| Title(s) | and Street Addresses of Each Officer and Name of Officers and/or Directors | ida nonprofit corporations must list at least 3 directors) Street Address of Each Officer and/or Director | | City / State / Zip | | | |
| P | CLECKLEY, VERNICE | 3185 HOLIDAY Spr. 13/vel | | | DELFRAY BEACH FL 33444 Morgale SL 33065 | | |
| | | | | | | 0 30004721 -12/12/010 ****150.00 | 1036004 |
| | 8. Name and Address of Current | Registered Age | ent | | 9. Name and A | Address of New Registered A | MW/(/ |
| CLECK | KLEY, VERNICE 3/2 BANKS ROAD, APT. ¥106 B/ | 5 1+61,0 | day springs | Name Street Address (P | | is Not Acceptable) | |
| SU 33060 | | | 9 | Suite, Apt. #, Etc. City State FL Zip Code | | | Zip Code |
| ignature o legistered | AgentR | HEGISTERED AG | pration, am familiar wi | th and accept the ob | oligations of Secti | | o/ |
| 1 I certify | that I am an officer or director or the rece | iver or tructee on | nonwered to evecute t | this application as n | rouided for in ohe | enter 607 or 617 E.C. Lituribar | nortify that when filing |



. 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.

Hethy Vernice Cleckley 11/29/01 954. 956. 9199

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 11/29/01 Date Daytime Phone #

CAROL'S HAIR DESIGN, INC. 5243 COCONUT CREEK PARKWAY MARGATE, FL 33063

November 13, 2001

Division of Corporation P.O. Box 6327 Tallahassee, FI 32314

Dear Sir/Madam:

I have recently by mail received a final notification of the revocation of my business license, **FEI #: 65-0821890**. I am also aware of the fee imposed on the reinstatement of my license. However, due to the injuries I received from a recent rollover accident I was unable to work and my business remained dormant for a period of time, and I was unaware of prior notices that may have been issued to the business.

Upon saying this, I ask that I be excused/pardoned the usual imposed reinstatement fee due to the circumstances.

Sincerely,

VERNICE E. CLECKLEY

Manager

Carol's Hair Design, Inc.