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FILED
CLERK OF STATE
DIVISION OF CORPORATIONS

00 OCT 20 PM 4:17

HAIR RENAISSANCE, INC.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04/08/1998	
City & State		City & State		5. FEI Number	
Zip		Country		65-0827395	
				Applied For	
				Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$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)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PTD	RULAND, LESLIE	2944 BIRD AVE UNIT 2	MIAMI FL 33033
VSD	GRILLASCA, MICHELLE	11250 SW 61ST TERR	MIAMI FL 33173
			100003447921--1 -11/02/00--01001--014 ****150.00 ****150.00
		8/10/30	

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent		
DOYLE, ALLAN 175 FONTAINEBLEAU BLVD STE 1-B MIAMI FL	Name		
	Street Address (P.O. Box Number is Not Acceptable)		
	Suite, Apt. #, Etc.		
	City	State FL	Zip Code

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 10-17-00

11. 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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone #

Michelle J Grillasca 10-16-00 (305) 275-6111

(2)

HAIR RENAISSANCE, INC.
10111 S.W. 72nd ST.
MIAMI, FLORIDA 33173
(305)275-6111

October 18, 2000

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Fl 32314

RE: Annual Report
Year: 2000

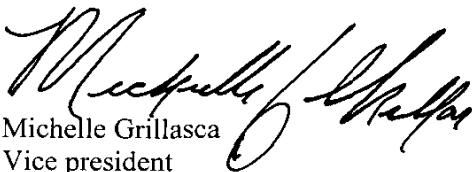
To Whom It May Concern:

We are in receipt of a Certificate of Administrative Dissolution issued by your department as of September 22, 2000. We are in shock as we thought the annual fee had been paid by, and the report filed in March, by our office manager who is no longer employed.

Our business has met all its debt even though our bottom line has been low. The cash we gave the manager to pay bills by purchasing money orders, which included the annual fee to the Department of State, apparently was never purchased. We have looked through our records and cannot find a copy of the money order. Our manager was a beautician, whom we knew from working together for many years. We placed her in a position of trust to open and or close the store daily, buy products, and pay bills whether in cash, money orders, or prepare checks. We assumed the managing part ourselves after the 2nd quarter of this year. Since then, our manager beautician left our firm to work for a competitor.

It was not our intent to have something like this happen and be heavily penalized. We respectfully request to have a reprieve from the sanctions imposed as our intention had and has been to pay our bills, especially our commitment to the government and all its agencies. We would very much like to continue as a corporation in this state. Please accept our original fee, as our previous payment never made it to your department.

Very respectfully yours,


Michelle Grillasca
Vice president

MG/hi