1 of 2

2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED
05 OCT -6 AM 11:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 04-05

09142005 REIN-P CR2E098 (6/04)

DOCUMENT # P98000034881

1. Entity Name
A PRECIOUS TOUCH HAIR SALON INC.

Principal Place of Business	Mailing Address
2044 2ND AVENUE NORTH ST. PETERSBURG, FL 33713	2044 2ND AVENUE NORTH ST. PETERSBURG, FL 33713

2. Principal Place of Business	3. Mailing Address
126 49th St. S.	2044 2nd Ave N
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: St. Petersburg, Fl	City & State: St Petersburg Fl.
Zip: 33707 Country: USA	Zip: 33713 Country: USA

4. FEI Number: 59-3504690 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MOORE, TAMMY L
2044 2ND AVENUE NORTH
ST. PETERSBURG, FL 33713

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Tammy L. Moore — 9-25-2005
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOORE, TAMMY L 2044 2ND AVENUE NORTH ST. PETERSBURG, FL 33713	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 900060916819 10/25/05--01030--007 **300.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MOORE, TAMMY L 2044 2ND AVE N. SAINT PETERSBURG, FL 33713	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Tammy L. Moore — 9-25-05 — 727-321-8146
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Aug 30, 2005

Dear Secretary of State.

I am writting you because I mailed my minutes to Corporate Compliance Center at 400 Capital Circle SE 18-403, Tallahassee Fl 32301 along with my 100^{00} check. I have received my minutes form and check back. Corporate Compliance Center informed me to write to the Secretary of State in order for the late filing fee to be waived. I have also mailed a copy of the letter Corporate Compliance

Thanks.

Tammy L. Moore
727-321-8146