PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| **CORPORATION REINSTATEMENT** | FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS | FILED 07 OCT -2 AM 10: 46 SECRETARY OF STATE TALLAHASSEE, FLORIDA |

DOCUMENT # P98000049405

1. Corporation Name

Colourations Hair Studio, Inc.

2. Principal Office Address - No P.O. Box #
%David C Hastings, CPA, PA

3. Mailing Office Address
%David C Hastings, CPA, PA

Suite, Apt. #, etc.
2207 54th Street South

Suite, Apt. #, etc.
2207 54th Street South

City & State
Gulfport, FL

City & State
Gulfport, FL

Zip 33707 Country Pinellas

Zip 33707 Country Pinellas

REINSTATEMENT 06-07
CR2E081 (1/07)

4. Date Incorporated or Qualified To Do Business in Florida 06/01/1998

5. FEI Number 59-3513106   ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
David C HAstings, CPA, PA

Street Address (P.O. Box Number is Not Acceptable)
2207 54th Street South

Suite, Apt. #, Etc.

City
Gulfport

State FL Zip Code 33707

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 _____ REGISTERED AGENT MUST SIGN   Date 9/20/07

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
PSTD	Susan C Lang	2207 54th Street Souht	Gulfport, FL 33707
			S00110173375 10/02/07--01020--013 **300.00

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: _____   9/27/07

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