



2005 FOR PROFIT CORPORATION REINSTATEMENT

PS 102

DOCUMENT # P98000068392 1. Entity Name TOWN CENTRE BEAUTY SALON, INC.						<div style="font-size: 24px; font-weight: bold;">FILED</div> <div style="font-size: 18px;">05 SEP 30 AM 8:26</div> <div style="font-size: 14px;">TALLAHASSEE, FLORIDA</div> <div style="font-size: 24px; font-weight: bold;">REINSTATEMENT</div> <div style="font-size: 18px;">OCT 03 2005</div>	
Principal Place of Business 777 SOUTH FEDERAL HWY C-305 POMPANO BEACH, FL 33068				Mailing Address 777 SOUTH FEDERAL HWY C-305 POMPANO BEACH, FL 33062			
2. Principal Place of Business 2304 S Cypress Bend DR Suite, Apt. #, etc. 615		3. Mailing Address 2304 S. Cypress Bend DR Suite, Apt. #, etc. 615					
City & State Pompano Beach, FL		City & State Pompano Beach, FL 33069		4. FEI Number 65-0854756		Applied For <input type="checkbox"/> Not Applicable	
Zip 33069		Country USA		Zip 33069		Country USA	
6. Name and Address of Current Registered Agent BRIGIDA, MARSHA 777 SOUTH FEDERAL HWY C-305 POMPANO BEACH, FL 33062				7. Name and Address of New Registered Agent Name MARSHA BRIGIDA Street Address (P.O. Box Number is Not Acceptable) 2304 S. Cypress Bend DR Ste 615 City Pompano Beach FL Zip Code 33069			
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 <i>x Marsha Brigida</i> 9/27/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$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	PTD <input type="checkbox"/> Delete BRIGIDA, MARSHA 777 SOUTH FEDERAL HWY C-305 POMPANO BEACH, FL 33062			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2304 S. Cypress Bend DR 615 Pompano Beach, FL 33069		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 500060216825 10/04/05--01063--011 **150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>Marsha Brigida</i> 9/27/05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>							

MARKROB ACCOUNTING SERVICE, INC.

PS 292
PO BOX 771210
CORAL SPRINGS, FL. 33077-1210
954.346.7288-BROWARD 954.346.7217-FAX
954.434.5996-S.BROWARD 305.621.9382-DADE

09/27/05

Florida Dept of State
Annual Reports Filings
Division of Corporations
PO BOX 6327
Tallahassee, Fl. 32314

Re: Corporate Renewals

Town Centre Beauty Salon, Inc.
P98000068392

To Whom It May Concern:

We are requesting acceptance of the enclosed filing for the 2005 Uniform Business report for our client Town Centre Beauty Salon, Inc.

While in our office we determined the client had not filed his 2005 corporate renewal, the client advised us that he had not received any notification from the state due to an address change and could we assist him with the renewal.

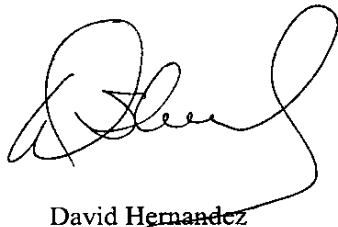
We therefore printed a new UBR report and determined that under FS 607.193(2)(b), since the client had not received notification the penalty can be waived.

We therefore request acceptance of the 2005 UBR as filed and to waive any penalty as they had not received notification.

The client has been made aware of the requirements for future filings.

Should you have any questions, please feel free to contact the client.

Thank you,
Sincerely,



David Hernandez