

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 NOV 29 PM 3:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000075242

1. Corporation Name

Hair Classics by Peter Frey, Inc.

221 Sunrise Avenue
221 Sunrise Avenue

2. Principal Office Address
221 Sunrise Avenue

3. Mailing Office Address
221 Sunrise Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Palm Beach, Florida

City & State
Palm Beach, Florida

Zip Country
33480 U.S.A.

Zip Country
33480 U.S.A.

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REINSTATEMENT 2004

4. Date Incorporated or Qualified
To Do Business in Florida 8/26/1998

5. FEI Number
650858332

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
Donald Raife

Street Address (P.O. Box Number is Not Acceptable)
221 Sunrise Avenue

Suite, Apt. #, Etc.

City
Palm Beach

State Zip Code
FL 33480

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

Donald C. Raife
REGISTERED AGENT MUST SIGN

Date November 23, 2004

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
Directo	Donald C. Raife	261 Sunrise Avenue	Palm Beach, Florida 33480

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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 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:

Donald Raife

11/23/2004

(561) 655-0141

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E061 (01/04)