


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

11/2  
FILED

2006 OCT 12 AM 10:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>CORPORATION REINSTATEMENT</b>			<b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT #</b> P98000094341				
<b>1. Corporation Name</b> LORENA'S HAIR DESIGNS, INC				
<b>2. Principal Office Address</b> 393 N. ROYAL POINCIANA BLVD		<b>3. Mailing Office Address</b> 1480 E. 8TH COURT		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State MIAMI SPRINGS, FL		City & State HIALEAH, FL		
Zip 33166	Country MIAMI-DADE	Zip 33010	Country MIAMI-DADE	

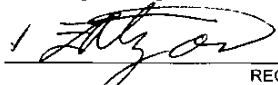
**REINSTATEMENT**  
CR2E081 (12/05)

05-06

<b>4. Date Incorporated or Qualified To Do Business in Florida</b> NOV 06, 1998	
<b>5. FEI Number</b> 65-0884373	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
<b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> <b>\$8.75 Additional Fee required for a Certificate of Status</b>	

<b>7. Name and Address of Current Registered Agent</b>		
Name ZULIMA LORENA AL ZAWAHRA		
Street Address (P.O. Box Number is Not Acceptable) 1480 E. 8TH COURT		
Suite, Apt. #, Etc.		
City HIALEAH	State FL	Zip Code 33010

**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  Date OCT 10, 2006  
REGISTERED AGENT MUST SIGN

**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
PST	ZULIMA LORENA AL ZAWAHRA	1480 E. 8TH COURT	HIALEAH, FL 33010

10/12/06--01020--017 \*\*\$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:**  OCT 10, 2006 305-989-9434  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

10/17/06