2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Apr 27, 2005
Secretary of State

DOCUMENT# S54615

Entity Name: MIAMI HAIR AND NAIL STUDIO, INC.

Current Principal Place of Business:

184 N.W. 90TH STREET
MIAMI, FL 33150 US

New Principal Place of Business:

1178 N. W. 54TH STREET
SUITE # 1178
MIAMI, FL 33127 US

Current Mailing Address:

184 N.W. 90TH STREET
MIAMI, FL 33150 US

New Mailing Address:

P. O. BOX 53101
MIAMI, FL 33153 US

FEI Number: 65-0266378 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CRAIG, DONNELL
184 N.W. 90TH STREET
MIAMI, FL 33150 US

Name and Address of New Registered Agent:

CRAIG, DONNELL
2000 TOWERSIDE TERRACE
PENTHOUSE #9
MIAMI, FL 33138 US

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.

SIGNATURE: DONNELL CRAIG 04/27/2005
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: CRAIG, STEPHANIE J
Address: 184 N.W. 90TH STREET
City-St-Zip: MIAMI, FL 33150 US

Title: P ( ) Delete
Name: CRAIG, DONNELL
Address: 184 N.W. 90TH STREET
City-St-Zip: MIAMI, FL 33150 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: CRAIG, STEPHANIE J
Address: P.O. BOX 53101
City-St-Zip: MIAMI, FL 33153 US

Title: P (X) Change ( ) Addition
Name: CRAIG, DONNELL
Address: P.O. BOX 53101
City-St-Zip: MIAMI, FL 33153 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEPHANIE J. CRAIG P 04/27/2005
Electronic Signature of Signing Officer or Director Date