

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 FEB -7 AM 8:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

WDD-920

DOCUMENT # S54879

1. Corporation Name
Safari Hair Salon, Inc.

Principal Place of Business Mailing Address
2636 W State Road 4343
Longwood, Florida 32779-4448

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

REINSTATEMENT 92-2000

4. Date Incorporated or Qualified To Do Business in Florida 5/22/91 SP

5. FEI Number 59-3067182 Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED [X] \$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Table with 4 columns: Title(s), Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City / State / Zip. Includes Stephen R. Mooney at 1901 Lake Shore Circle, Longwood, Florida 32750.

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8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name Leslie H. Roth
Street Address (P.O. Box Number is Not Acceptable) 8603 South Dixie Highway
Suite, Apt. #, Etc. Suite 408
City Miami State FL Zip Code 33143

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent [Signature] REGISTERED AGENT MUST SIGN Date 1/3/00

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes [X] No []

(See other side for information on intangible tax.)

12. 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: [Signature] Stephen R. Mooney Date 1-5-00 Daytime Phone # []

CR2E081 (12/98)