


# 2004 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # S82831</b> 1. Entity Name TIJERAZO HAIR STYLIST, INC.	
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FILED  
04 OCT 18 PM 4:00

Principal Place of Business 3409 N ARMEDIA AVE TAMPA, FL 33607	Mailing Address 3409 N ARMEDIA AVE TAMPA, FL 33607 US
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SECRETARY OF STATE  
REINSTATEMENT 2004

2. Principal Place of Business  Suite, Apt. #, etc.	3. Mailing Address <b>8901 W. Cluster Ave.</b>  Suite, Apt. #, etc.
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City & State <b>TAMPA, FL</b>	4. FEI Number 59-3090670	Applied For <input type="checkbox"/> Not Applicable
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Zip <b>33615</b>	Country <b>HILLSBOROUGH</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required
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10132004 REIN-P CR2E098 (8/04)

**6. Name and Address of Current Registered Agent**

MENDOZA, JESUS  
 3409 N ARMEDIA AVE  
 TAMPA, FL 33607

**7. Name and Address of New Registered Agent**

Name: **JESUS MENDOZA**  
 Street Address (P.O. Box Number is Not Acceptable):  
**8901 W. CLUSTER AVE.**  
 City: **TAMPA** FL Zip Code: **33615**

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: *Jesus Mendoza* **JESUS MENDOZA** DATE: **10-13-2004**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> After January 1, 2005, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE	DP	
NAME	MENDOZA, JESUS	<input type="checkbox"/>
STREET ADDRESS	1301 E OSBORNE AVE	
CITY-ST-ZIP	TAMPA FL,	
TITLE	DST	<input type="checkbox"/>
NAME	MENDOZA, MARIA E	
STREET ADDRESS	1301 E OSBORNE AVE	
CITY-ST-ZIP	TAMPA FL,	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		
NAME		<input type="checkbox"/>
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

300041948633  
10/18/04--01081--005 \*\*150.00

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: *Jesus Mendoza* **JESUS MENDOZA-PALOMER** DATE: **10/13/04** (213) 871-7441  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

**TIJERAZO HAIR STYLIST, INC.**

3409 N. Armenia Ave.

Tampa, Fl. 33607

Certified Letter

October 12, 2004

Florida Department of State  
Division of Corporation  
PO Box 6198  
Tallahassee, Fl. 32314

Re: Annual Report #S8283

Gentlemen:

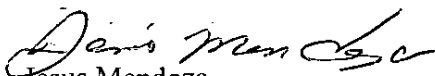
Enclosed please find our check in the amount of \$150.00 for our Corporate Reinstatement.

Please be advised that I did not receive the annual renewal report.

Your prompt processing of our Annual Report will be greatly appreciated.

Truly yours,

TIJERAZO HAIR STYLIST, INC.



Jesus Mendoza  
President

Encl.