

2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2005 OCT -7 PM 3:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # V33832			
1. Entity Name GLAMARAMA CONTEMPORARY HAIR, INC.			
Principal Place of Business 3729 W UNIVERSITY AVE GAINESVILLE, FL 32607 US		Mailing Address 3729 W UNIVERSITY AVE GAINESVILLE, FL 32607 US	
2. Principal Place of Business		3. Mailing Address 3126 NW 21 st AVE.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State GAINESVILLE FL	
Zip	Country	Zip	Country
		32605	USA
4. FEI Number 59-3128382		Applied For Not Applicable	
5. Certificate of Status Desired		X \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MEEHAN, CHRISTINA 4107 NW 13TH PLACE SUITE 128 GAINESVILLE, FL 32605		Name MEEHAN, CHRISTINA Street Address (P.O. Box Number is Not Acceptable) 3126 NW 21 st AVE City GAINESVILLE FL Zip Code 32605	
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:		CHRISTINA MEEHAN 10-3-05 (NOTE: Registered Agent signature required when reinstating) DATE	
FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MEEHAN, CHRISTINA M 4107 NW 13TH PLACE GAINESVILLE, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D MEEHAN, CHRISTINA 3126 NW 21 st AVE. GAINESVILLE, FL 32605
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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: X		10-3-05 352-371-2266 Date Daytime Phone #	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		CHRISTINA MEEHAN	

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