PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 FEB 13 AM 10:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # V33832

1. Corporation Name: Glamarama Contemporary Hair, 3729 W. University Ave Inc. Gainesville, FL 32607

2. Principal Office Address	3. Mailing Office Address
3729 W. University Ave.	3729 W. Univ. Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Gainesville Fl.	Gainesville Fl.
Zip: 32607 Country: Alachua	Zip: 32607 Country: Alachua

4. Date Incorporated or Qualified To Do Business in Florida: 5/4/92

5. FEI Number: 59-3128382 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Christina Meehan
Street Address (P.O. Box Number is Not Acceptable): 4107 N.W. 13th Place
Suite, Apt. #, Etc.:
City: Gainesville | State: FL | Zip Code: 32605

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: [signature] Date: 2/7/03
REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

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
Pres.	Christina Meehan	4107 N.W. 13th Pl,	Gville. Fl. 32605

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 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] 2/7/03 352-371-2264
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

jp 2/13

Feb. 6, 2003
Glamarama Hair
3729 W. Univ. Ave.
Gainesville, Fl. 32607
352-371-2266

Dept. of State
Division of Corp.
P.O. Box 6327
Tallahassee, Fl. 32314

Please be advised we have not received any statement for Glamarama.
Please reinstate our corporation.

$ 1,065.00 per telephone conversation with your office
8.75 Certificate of Status
$ 1,073.75 Total Enclosed

Thank You
Christina Meehan
352-371-2266