

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

98 AUG 31 AM 11:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # J23339

1. Corporation Name

HAIR DISCOVERY, INC

Principal Place of Business

8559 NW 186<sup>TH</sup> ST  
HIALEAH FL 33015

Mailing Address

15131 NORFOLK LANE  
DAVIE FL 33331

REINSTATEMENT

93-98  
AD

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

4. Date Incorporated or Qualified To Do Business in Florida

07/08/86

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2638336

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

CERTIFICATE OF STATUS DESIRED

\$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	DIANA LATZKO	15131 NORFOLK LANE	DAVIE FL 33331

300002634923--0  
-09/09/98--01035--024  
\*\*\*1500.00 \*\*\*1500.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DIANA LATZKO  
15131 NORFOLK LANE  
DAVIE FL 33331

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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

*Diana Latzko*  
REGISTERED AGENT MUST SIGN

Date

8-27-98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes

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:

*Diana Latzko* - DIANA LATZKO  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-27-98  
Date

305-8294247  
Daytime Phone #

100-1-00200