

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000023431

1. Entity Name
YOLI HAIR DESIGN, INC.



Principal Place of Business
11300 NW 87 CT.
SUITE 153
HIALEAH GARDENS, FL 33018 US

Mailing Address
11300 NW 87 CT.
SUITE 153
HIALEAH GARDENS, FL 33018 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt., etc.

Suite, Apt., etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
75-3102108

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RAVELO, ANGELA Y
5860 NW 186 ST.
#207
MIAMI, FL 33015

Name

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

City

FL

Zip Code

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

Angela Y Ravelo

(NOTE: Registered Agent signature required when reinstating)

DATE

1-17-06

FILE NOW!!! FEE IS \$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 P ☐ Delete
NAME RAVELLO, ANGELA Y
STREET ADDRESS 5860 NW 186 ST. #207
CITY-ST-ZIP MIAMI, FL 33015

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 100065564421
CITY-ST-ZIP 02/10/06--01015--001 **300.00

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Angela Y Ravelo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-17-06

FILED
06 JAN 24 PM 3:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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