
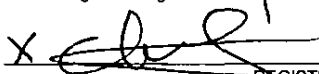



Page 1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P03000053727			
1. Corporation Name AFRO HAIR DESIGN INC.			
2. Principal Office Address - No P.O. Box # 11707 N.E. 2 AVE		3. Mailing Office Address 11707 N.E. 2 AVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MIAMI, FL.		City & State MIAMI FL	
Zip 33161	Country DADE	Zip 33161	Country DADE
4. Date Incorporated or Qualified To Do Business in Florida 5-15-2003		5. FEI Number 74-093979	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		Applied For Not Applicable	
7. Name and Address of Current Registered Agent Name COMFORT A LASISI Street Address (P.O. Box Number is Not Acceptable) 11707 N.E. 2 AVE Suite, Apt. #, Etc. City MIAMI, FL State FL Zip Code 33161		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  Date 1-23-07 REGISTERED AGENT MUST SIGN	
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
P/D	COMFORT A. LASISI	11707 N.E. 2 AVE	MIAMI, FL 33161
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 contained in Chapter 119, 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: 		Date 1/23/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

FILED
2007 JAN 29 11:10:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
000087198330
02/02/07--01037--005 **450.00
CR2E081 (1/07)

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

REINSTATEMENT
B 1/31/07
05-07

To:

page 2 of 2

REINSTATEMENT SECTION
FL. Dept. of STATE
Tallahassee, FL. 32314

Re: Doc.No. P03000053727

Dear Sir,

Please Re-install my Corporation
Enclosed Renewal Fee for 2005, 2006, &
2007 as per instructions over the
Phone.

Please Waive the Late Filing
Fee because I didn't Receive any
Renewal Forms in the mail, may
be it misplaced in the mail, I
am not a Computer person, so -
I am lost, Please help me to
Re-instate.

Thank you kindly
Sincerely