PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
98 JUN 22 PM 4:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P13000010101

1. Corporation Name

HAIR HIGHTECH, INC.

Principal Place of Business	Mailing Address
8410 W. Flagler Street Suite 109 Miami, Florida 33144	SAME

REINSTATEMENT 94-98

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
N/A
Suite, Apt. #, etc.
City & State
Zip | Country

3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip | Country

4. Date Incorporated or Qualified To Do Business in Florida
2/10/93

5. FEI Number
65-0384036
☐ Applied For
☐ Not Applicable

6. 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	JOSEFA MUNOZ	1210 S.W. 10th Terrace	Miami, FL. 33184
VP	MERCEDES FERNANDEZ	1210 S.W. 10th Terrace	Miami, FL. 33184
DT	JOSEFA MUNOZ	1210 S.W. 10th Terrace	Miami, FL. 33184
ST	MERCEDES FERNANDEZ	1210 S.W. 10th Terrace	Miami, FL. 33184

6-22-98

8. Name and Address of Current Registered Agent

JOSEFINA MUNOZ
1210 S.W. 10th Terrace
Miami, FL. 33184

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

100023745151--9
-06/24/98--01084--014
***1350.00 ***1350.00

CR2E040 (1.98)

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: X Josefa Munoz
REGISTERED AGENT MUST SIGN

Date 6/19/98

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: X Josefa Munoz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JOSEFA MUNOZ

6/19/98
Date

220-2772
Daytime Phone #