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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2007 JAN 29 AM 10:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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02/02/07--01037--005 **450.00

CR2E081 (1/07)

DOCUMENT # P03000053727

1. Corporation Name

AFRO HAIR DESIGN INC.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
11707 N.E. 2 AVE	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 ☐ 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: COMFORT A LASISI

Street Address (P.O. Box Number is Not Acceptable): 11707 N.E. 2AVE

Suite, Apt. #, Etc.:

City: MIAMI, FL State: FL Zip Code: 33161

☒ 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.

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: X _____ 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. 2AV	MIAMI, FL 33161
			B 1/31/07
		REINSTATEMENT 05-07	

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: X _____ 1/23/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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To:

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

Re: Doc. No. P03000053727

Dear Sir,

Please Re-instate 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