

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P04000098543

1. Corporation Name

EVELIN'S Hair DESIGN INC

2. Principal Office Address - No P.O. Box #

9370 SW 137TH AVE

Suite, Apt. #, etc.

307

City & State

MIAMI, FL

Zip

33186

Country

USA

3. Mailing Office Address

9370 SW 137TH AVE

Suite, Apt. #, etc.

307

City & State

MIAMI, FL

Zip

33186

Country

USA

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

2004

5. FEI Number

20-1311234

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

EVELIN G. ORTIZ

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

9370 SW 137TH AVE

Suite, Apt. #, Etc.

307

City

MIAMI

State

FL

Zip Code

33186

R WHITE

MAR 25 2021

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 01/19/2021

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	EVELIN G. ORTIZ	9370 SW 137TH AVE #307	MIAMI, FL 33186
T	GIOVANNI ORTIZ-DIAZ	9370 SW 137TH AVE #307	MIAMI, FL 33186

10. E-mail Address: DUDLEI@SOLASITRADE.COM

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Evelin Ortiz

01/19/2020

786-521-5691

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #