

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 DEC 11 PM 3:28

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 598434

1. Corporation Name

HAIR NETWORK, INC.

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

18727 BISCAYNE BLVD

Suite, Apt. #, etc.

3. Mailing Office Address

17290 NE 19TH AVE

Suite, Apt. #, etc.

City & State

AVENTURA, FL

Zip

33180

Country

US

City & State

NO. MIAMI BEACH, FL

Zip

33162

Country

US

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

59-1870568

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

MARTIN ALMAN

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

17290 NE 19TH AVE

Suite, Apt. #, Etc.

City

NO. MIAMI BEACH

State

FL

Zip Code

33162

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

Martin Alman
REGISTERED AGENT MUST SIGN

Date 12/7/07

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
PSD	FORDIN, LUCILLE	18727 BISCAYNE BLVD	AVENTURA, FL 33180
DV	FORDIN, WILLIAM	18727 BISCAYNE BLVD	AVENTURA, FL 33180

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:

Lucille Fordin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/7/07
Date

305-944-5833
Daytime Phone #