

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hoop
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 644792

1. Corporation Name

HAIR DESIGNERS OF BRANDON, INCORPORATED

Principal Place of Business

Mailing Address

526 OAKFIELD DRIVE
BRANDON FL 33511

~~526 OAKFIELD DRIVE~~
~~BRANDON FL 33511~~

P.O. BOX 4423
TAMPA, FL 33677

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/08/1979

5. FEI Number

59-1962512

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	DIAZ, ROBERT	210 OAKFIELD DR.	BRANDON FL 33511
VP	DIAZ, ARMANDO	210 OAKFIELD DR.	BRANDON FL 33511
S	JONES, CYNTHIA	4221 MEADOWHILL DRIVE	TAMPA FL 33624

900028739349
04/09/04--01001--013 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

Cynthia Jones
REGISTERED AGENT MUST SIGN

Date 02-08-04

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., 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: *Armando Diaz*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-08-04 (813) 884-8103

Date

Daytime Phone #

CR2E040 (7/03)

February 6, 2004

Florida Dept. of State

To Whom it May Concern:

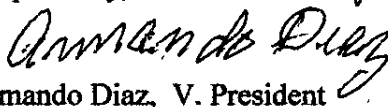
Enclosed you will find check in the amount \$150.00 for renewal of Hair Designers of Brandon, Incorporated Corporation. I would like to explain why this is late and ask that you please reinstate this corporation which we have had for nearly 30 years.

After many years of business, we outgrew the location we were at, and moved to a larger one, in the several months after our move, we noticed that some of our mail had not been delivered, among that the renewal of our Corporation. Since then we have taken a Post Office box to avoid any future problems. Allow me to give you our P.O. Box address.

P.O. Box 4423
Tampa, Florida 33677

Again, please accept our apology and explanation as to the circumstances in which I am writing to you at this time. I can assure you that this will never happen again. Thanking you in advance for your assistance in this matter..

Respectfully,


Armando Diaz, V. President