

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 MAY -1 AM 5:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F53965

1. Corporation Name

Paul Mitchell Systems, Inc.

2. Principal Office Address

2780 W. Flagler Street

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

33135

Country

USA

3. Mailing Office Address

c/o John H. Test, P.A.

Suite, Apt. #, etc.

8900 SW 117 Ave. Ste B-105

City & State

Miami, Florida

Zip

33186

Country

USA

2002-2003 UBR

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

Nov. 17, 1981

5. FEI Number

59-2143649

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

Sandra L. Test, Esq.

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

8900 SW 117 Avenue, Suite B-105

Suite, Apt. #, Etc.

Suite B-105

City

Miami,

State

FL

Zip Code

33186

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

REGISTERED AGENT MUST SIGN

Date

4/17/03

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
ST	Sherri A. Martens	1025 NW 11 Avenue	Miami, Florida 33136
DP	Alicia Martens	1025 NW 11 Avenue	Miami, Florida 33136

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 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:

Alicia Martens
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Alicia Martens
President

Date

4/17/03 305-541-8006

Daytime Phone #

CR2E081 (10/02)