

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

06 SEP 12 PM 4:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

F62750

1. Corporation Name

Richtone Hairdressers, Inc.

2. Principal Office Address

5541 Pacific Blvd

Suite, Apt. #, etc.

#4105

City & State

Boca Raton, FL

Zip

33433

Country

USA

3. Mailing Office Address

5541 Pacific Blvd

Suite, Apt. #, etc.

#4105

City & State

Boca Raton, FL

Zip

33433

Country

USA

REINSTATEMENT

01-06

4. Date Incorporated or Qualified
To Do Business in Florida

1/12/1982

5. FEI Number

592151887

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

Randy Valenti

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

5541 Pacific Blvd, #4105

Suite, Apt. #, Etc.

#4105

City

Boca Raton

State

FL

Zip Code

33433

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

Randy Valenti
REGISTERED AGENT MUST SIGN

Date 9/11/06

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	Randy Valenti	5541 Pacific Blvd, #4105	Boca Raton, FL 33433

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09/15/06--01017--016 **1500.00

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

Randy Valenti
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/11/06

Date

561-361-9134

Daytime Phone #

K Eckel SEP 12 2006