

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PS 1/82

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JUN 28 PM 2:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H19247

1. Corporation Name

HAIR INNOVATIONS, INC

2. Principal Office Address

748 NW 183 STREET

3. Mailing Office Address

3245 NW 80 TERRACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33169

Country

USA

Zip

33147

Country

USA

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

8/31/1984

5. FEI Number

59-2442009

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

ELAINE E QUINN

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

3245 NW 80 TERRACE

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33147

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**

Elaine E Quinn

Date

6-23-04

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
cdp	ELAINE E QUINN	3245 NW 80 TERRACE	MIAMI, FL 33147
DVT	EARNEST P QUINN	3245 NW 80 TERRACE	MIAMI, FL 33147

200038394638
06/28/04--01077--002 **150.00

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 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:

Elaine E Quinn
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6-23-04

Daytime Phone #

(205)
(653-3291)

CR2E081 (01/04)

TR

PS 282

June 23, 2004

To whom it may concern:

In reference to the incorporation of Hair Innovations, Inc having not filling its Annual Report for the year of 2004. The company did not received the Annual Report Notice until 6/20/2004 because notice was delivered to another address to the neighbors house who finally gave us our mail on 6/20/2004. We are requesting that our incorporation be reinstated as we remit the \$ 150.00 annual report fee. Thanking you in advance for your help in this matter

Sincerely

A handwritten signature in black ink, appearing to read 'Elaine E. Quinn', followed by a long horizontal flourish.

Elaine E Quinn
President