

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

FILED

97 MAR 27 AM 8:19

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **H26313**

1. Corporation Name

HAIR TRENDS OF BONITA, INC.

Principal Place of Business

Mailing Address

**8951 Bonita Beach Rd
STE. 115
BONITA SPRINGS FL
34135**

**8951 Bonita Beach Rd
ST 615
BONITA SPRINGS FL
34135**

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

REINSTATEMENT

96-97

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

JAN. 1983

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

592479767

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
Pres. Sec.	Paulette San Souci	3927 Quails Walk	Bonita Springs FL 34134

**800002127668--0
-03/28/97--01130--004
****915.00 ****915.00**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**PAULETTE SAN SOUCI
3927 Quails Walk
Bonita Springs FL 34134**

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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.

Signature of
Registered Agent

Paulette San Souci

REGISTERED AGENT MUST SIGN

Date **3/24/97**

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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:

PAULETTE SAN SOUCI
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/24/97 9921071

CR2046 (12/96)