

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

FILED

03 NOV -7 AM 9:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # H61313

1. Corporation Name

HEADS WEST HAIR DESIGNS, INC.

Principal Place of Business

Mailing Address

7158 S. BERACASA WAY  
BOCA RATON FL 33433

7158 S. BERACASA WAY  
BOCA RATON FL 33433



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

REINSTATEMENT 03

4. Date Incorporated or Qualified  
To Do Business in Florida

06/11/1985

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2655737

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
DPT	HALL, RICHARD M.	7158 S. BERCASA WAY	BOCA RATON FL
CS	CATANZARO, VINCIENT	7158 S. BERCASA WAY	BOCA RATON FL

200029751922  
10/13/03--01073--020 \*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HALL, RICHARD M.  
3028 NW 26 CT.  
BOCA RATON FL 33434

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

CH2E040 (7/03)

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

REGISTERED AGENT MUST SIGN

Date

10-9-03

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rick Hall

Date

Daytime Phone #

10-9-03

561-3955583

11-5-03

To Whom it may Concern,

I am asking for a  
waiver because we  
did not receive any  
Bills Stating we had  
to pay for the Corpor-  
ation. We have been  
a Corporation for years  
and never missed a  
payment, however we  
did not receive a bill this  
year. Please reinstate us,  
I have already sent  
a check for \$150.00  
and have talked to people  
in your OFFICE who have  
said they should reinstate us.  
Thank you