

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # H77410

1. Corporation Name

Picture Perfect Hair, Inc.

Principal Place of Business

Mailing Address

801 W. S.R. 436, Suite 2203 Same
Altamonte Springs, FL 32714

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

2. New Principal Office Address, If Applicable

610 Antilla Ave.

3. New Mailing Office Address, If Applicable

610 Antilla Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Altamonte Springs, FL

City & State

Altamonte Springs, FL

Zip

32714

Country

U.S.A.

Zip

32714

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

9/23/85

5. FEI Number

59-2581147

Applied For

Not Applicable

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P,D,T	Wesley Miller	106 Pineapple Lane	Altamonte Springs, FL 32714
S	Jeanna Boyce	610 Antilla Ave.	Altamonte Springs, FL 32714

REINSTATEMENT

97-98 TB 10/29

8. Name and Address of Current Registered Agent

Lynn Stewart
853 Saledo
Altamonte Springs, FL 32714

9. Name and Address of New Registered Agent

Name

Wesley Miller

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

106 Pineapple Lane

Suite, Apt. #, Etc.

City

Altamonte Springs

State

FL

Zip Code

32714

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

Wesley Miller
REGISTERED AGENT MUST SIGN

Date 10/28/98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

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)(f), 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:

Wesley Miller
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/28/98

Daytime Phone #

407-647-7200

CR20040 (1/88)