

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

98 OCT 29 PM 12:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

800002676818-- 6
-10/30/98--01057--017
***900.00 ***900.00

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. Suite, Apt. #, etc.		3. New Mailing Office Address, If Applicable 610 Antilla Ave. Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida 9/23/85	
City & State Altamonte Springs, FL		City & State Altamonte Springs, FL		5. FEI Number 59-2581147	
Zip 32714	Country U.S.A.	Zip 32714	Country U.S.A.	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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
P,D,T	Wesley Miller	106 Pineapple Lane	Altamonte Springs, FL 32714
S	Jeanna Boyce	610 Antilla Ave.	Altamonte Springs, FL 32714

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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	
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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 10/28/98 407-647-7200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (1/88)