

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
H. Wayne Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

01 FEB 26 PM 1:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

L + D Hair Designers, INC.

2. Principal Office Address

4343 Commercial Way

Suite, Apt. #, etc.

City & State

Spring Hill

Zip

34607

Country

U.S.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Florida

Zip

34607

Country

U.S.

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

592785007

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

Louis Panebianco

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

4343 Commercial Way

Suite, Apt. #, Etc.

City

Spring Hill

State  
FL

Zip Code

34607

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

Louis J. Panebianco

REGISTERED AGENT MUST SIGN

Date

2-24-01

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
Pres	Louis J. Panebianco	15448 Brookridge Blvd.	Brookville, FL 34607

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:

Louis J. Panebianco

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2-24-01/352-596-2820

Daytime Phone #

CR2E081 (9/00)