

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 # K 31975

1. Corporation Name
RECA HAIR CUTTERS, Inc.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 7795 W. Flagler St. Miami, FL 33144	Mailing Address 8875-A Fontainebleau Blvd #104 Miami, FL 33172
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REINSTATEMENT 98-99

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		Date Incorporated or Qualified to Do Business in Florida 08/29/88	
Suite, Apt. #, etc		Suite, Apt. #, etc		5. FEI Number 65-0101878	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
		33172	USA		

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
DPS	CHAVES, Carmen E.	8875-A Fontainebleau Blvd #104	Miami, FL 33172
T			

400002764004--0
-02/03/99--01083--016
******900.00 ****900.00**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CHAVES, CARMEN E.
8875-A Fontainebleau Blvd
#104
Miami, FL 33172

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc
City
State FL Zip Code

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 **Carmen Chaves**
REGISTERED AGENT MUST SIGN

Date **1-20-99**

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☐ No ☒

(See other side of 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: **Carmen Chaves**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0120-993052671578
Date Daytime Phone