

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 DEC -8 AM 10:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # K31975

1. Corporation Name

RECA HAIR CUTTERS, INC.

REINSTATEMENT 03

200025330302  
12/08/03--01076--018 \*\*750.00

2. Principal Office Address

7795 W. FLAGLER ST.

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

Zip

33144

Country

USA

3. Mailing Office Address

8875-A FONTAINEBLEAU BLVD

Suite, Apt. #, etc.

#104

City & State

MIAMI, FLORIDA

Zip

33172

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

65-0101878

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

CARMEN E. FELIZ

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

8875-A FONTAINEBLEAU BLVD

Suite, Apt. #, Etc.

#104

City

MIAMI

State

FL

Zip Code

33172

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

*X* *Feliz*

REGISTERED AGENT MUST SIGN

Date

12/4/03

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	CARMEN E. FELIZ	8875-A FONTAINEBLEAU BLVD #104	MIAMI, FL, 33172

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:

*X* *Feliz*

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/4/03 305267 1578

Daytime Phone #

CR2E081 (10/02)