PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 OCT 25 AM 9:12

DOCUMENT # K60381

1. Corporation Name

HANNAH & HER SCISSORS, INC.

000004679210--7
-11/14/01--01082--011
****150.00 ****150.00

Principal Place of Business	Mailing Address
451 41ST ST MIAMI BEACH FL 33140 US	451 41ST ST MIAMI BEACH FL 33140 US

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
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 01/24/1989

5. FEI Number: 65-0146005 ☐ 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PVS	LASKY, DEBBY HANNAH	1760 LENOX AVENUE #1	MIAMI BEACH FL
TD	LASKY, DEBBY HANNAH	1760 LENOX AVENUE #1	MIAMI BEACH FL

8. Name and Address of Current Registered Agent

LASKY, DEBBY HANNAH
1760 LENOX AVE #1
MIAMI BEACH FL 33139

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City | State: FL | Zip Code

CR2E040 (8/01)

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: SIGNATURE REQUIRED Date: 10-22-01

REGISTERED AGENT MUST SIGN

11. 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: SIGNATURE REQUIRED 10-22-01 305-673-1487

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

YESIT J. CAMPO, PA
CERTIFIED PUBLIC ACCOUNTANT

October 22, 2001

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: HANNA & HER SCISSORS, INC.
DOCUMENT # K60381
FEI Number: 65-0146005

To Whom It May Concern:

I have enclosed the application for Reinstaiment for Hanna & Her Scissors, Inc. along with $150.00 payment for the year 2001.

This Corporation was incorporated on January 24, 1989 is the first time that this happen. I would like to request the abatement of penalties for not filing the 2001 annual report. my client never received the 2001 annual report..

I hereby respectufully request that you accept this filing

Thank you in advance for your prompt attention and help to this matter.

Respectfully yours

Maria M. Lacayo
Administrative Assistant

9572 NW 41 Street, Miami, Florida 33178
Phone (305) 593-2003 Fax (305) 593-0066 E-mail: Yjccpa@aol.com