

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **K60381**

1. Corporation Name

HANNAH & HER SCISSORS, INC.

Principal Place of Business

451 41ST ST
MIAMI BEACH FL 33140
US

Mailing Address

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

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

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

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

Debbie Lasky

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date **10-22-01**

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:

Debbie Lasky

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **10-22-01**

Daytime Phone # **305-673-1487**

Daytime Phone #

CR2E040 (8/01)

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:

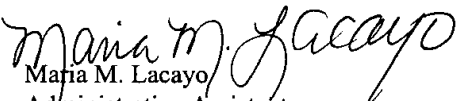
I have enclosed the application for Reinstatement for Hanna & Her Scissors, Inc. along with \$150.00 payment for the year 2001.

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 respectfully 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