

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 JUL 31 AM 9:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L24742

1. Corporation Name

BOGY'S HAIR DESIGN, INC.

~~W/6090022786~~

2. Principal Office Address

15370 NW 79TH COURT

Suite, Apt. #, etc.

City & State

MIAMI LAKES, FL

Zip
33016

Country

3. Mailing Office Address

15370 NW 79TH COURT

Suite, Apt. #, etc.

City & State

MIAMI LAKES, FL

Zip
33016

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/23/1989

5. FEI Number

65-0154662 ✓

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

CR2E081 (12/05)

02-06

7. Name and Address of Current Registered Agent

Name

JOSEPH PATERNOSTRO ACCOUNTING SERVICES, Inc.

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

901 N.E. 125th St., Suite 101

Suite, Apt. #, Etc.

City

NORTH MIAMI

State

FL

Zip Code

33161

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

REGISTERED AGENT MUST SIGN

Date

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
DP	TORRES, ROLANDO JESUS	3702 WEST 3ND AVE.	HIALEAH, FL.
VP	PEÑA, MARIBEL D	15370 NW 79TH COURT	MIAMI LAKES, FL.

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 contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Wanda Dene

MARIBEL PEÑA

04/30/06

305-895-2355

Joseph Paternostro Accounting Services, Inc.

901 NE 125th Street, Suite 101

North Miami, FL 33161

E-mail: Paternostro@Mindspring.com

Office (305) 895-7355 Cell (305) 606-0935 Fax (305) 893-9696

May 8, 2006

Division of Corporations

P.O. Box 6198

Tallahassee, FL 32314

Re: Bogy's Hair Design, Inc. Reinstatement

FEI #: 65-0154662, Document #: L24742

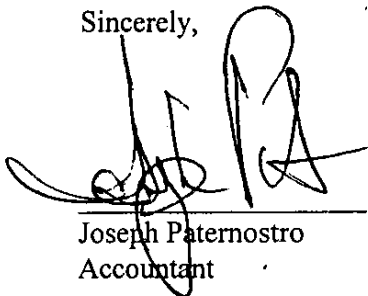
To Whom It May Concern:

Please reinstate the above mention corporation. The forms were never received from the post office.

Please abate all penalties for the above company.

If you have any further questions, please don't hesitate of doing so at 305-895-7355.

Sincerely,



Joseph Paternostro
Accountant