

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED  
AND  
FILED

1-2

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

96 OCT -2 AM 11:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L45172

1. Corporation Name

BARBARA AND SUE'S HAIR DESIGN, INC.

Principal Place of Business

Mailing Address

C/O BARBARA SAXON  
1114 N. PALM AVE.  
KISSIMMEE FL 34741

C/O BARBARA SAXON  
1114 N. PALM AVE.  
KISSIMMEE FL 34741

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

722 N. Bermuda Ave  
Kissimmee, Fl.  
34741

4. Date Incorporated or Qualified  
To Do Business in Florida

01/19/1990

5. FEI Number

59-2986112

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	SAXON, BARBARA	1114 N. PALM AVE. 2004 Hidden Dale CT.	KISSIMMEE FL
D	MCMAHON, SUE	1113 CATHERINE ST.	KISSIMMEE FL
			800001976718--7 -10/16/96--01047--013 ****200.00 ****200.00
			8/17/15

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SAXON, BARBARA  
1114 N. PALM AVE.  
KISSIMMEE FL 34741

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

Barbara L. Saxon (President)

Date 9-24-96

REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for 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:

Barbara L. Saxon  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-24-96 846-8252  
Date Daytime Phone #

CR2E040 (7/96)

To Whom it may concern, Sept 25, 96  
We are enclosing a check for  
our reinstatement fee of \$200.00

Our accountant has taken  
care of all the bookkeeping  
for the past seven years, he  
got sick with cancer and  
passed away. We had no  
knowledge that the  
corporation fees were over  
due until the reinstatement  
form came.

We spoke to Shawn, he  
advised us to mail a check  
for \$200.00 and a note  
explaining the situation.

Thank you  
Barbara & Saxon

Barbara & Sue's Hair Design  
Inc.