

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED

02 FEB 13 AM 9:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L62892

1. Corporation Name

Hair By Carlos, Inc.

2. Principal Office Address

6258 Presidential Ct.

Suite, Apt. #, etc.

201

City & State

Ft. Myers FL

Zip

33919

Country

USA

3. Mailing Office Address

6258 Presidential Ct.

Suite, Apt. #, etc.

201

City & State

Ft. Myers FL

Zip

33919

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

1-9-92

5. FEI Number

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

Carlos Dimas

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

212 S.W. 19th Lane

Suite, Apt. #, Etc.

e

City

Cape Coral

State

FL

Zip Code

33919

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

Carlos Dimas

REGISTERED AGENT MUST SIGN

Date 12-29-01

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.	<u>Carlos Dimas</u>	<u>212 S.W. 19th Lane</u>	<u>Cape Coral, FL 33919</u>
Sec.	<u>Loren Dimas</u>	<u>212 S.W. 19th Lane</u>	<u>Cape Coral, FL 33919</u>

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)(l), 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:

Carlos Dimas / Carlos Dimas

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-29-01

Date

941-481-8010

Daytime Phone #

CR2E081 (9/01)