

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # L72052

1. Corporation Name

EILEEN'S HAIR DESIGN, INC.

Principal Place of Business

Mailing Address

15510 MCGREGOR BLVD
15510 MCGREGOR BLVD
FT MYERS FL 33908
US

15510 MCGREGOR BLVD
15510 MCGREGOR BLVD
FT MYERS FL 33908
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

4. Date Incorporated or Qualified
To Do Business in Florida

05/08/1990

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0215438

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
PD	KEENE, STEPHEN D.	5581-1 MALT DR. 14801 Crystal Cove Ct #1001	FT. MYERS FL
STD	KEENE, EILEEN M.	5581-1 MALT DR. 14801 Crystal Cove Ct #1001	FT. MYERS FL
			700003493237--9
			-12/11/00--01034--005
			***750.00 ***750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

AMASON, GUY H., JR
15510 MCGREGOR BLVD
FT. MYERS FL 33908

SAME

Name

KEENE, STEPHEN D.

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

14801 Crystal Cove Ct, #1001

Suite, Apt. #, Etc.

City

Fort Myers

State

FL

Zip Code

33908

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

Stephen D. Keene
REGISTERED AGENT MUST SIGN

Date November 14, 2000

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.

EILEEN M. KEENE

Secretary

SIGNATURE:

Eileen M. Keene
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/20/00 941-433-3152

FILED

00 NOV 17 PM 1:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT