

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED
AND
FILED

07 JUN 21 PM 12:57

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

900104887589
06/26/07--01047--021 **600.00

DOCUMENT # L86684

1. Corporation Name

Siggi's Hairstyling Inc.

REINSTATEMENT

04-07 2008

2. Principal Office Address - No P.O. Box #

660 9th Street North

3. Mailing Office Address

660 9th Street North

Suite, Apt. #, etc.

Suite #2

Suite, Apt. #, etc.

Suite #2

City & State

Naples, FL

City & State

Naples, FL

Zip

34102

Country

Collier

Zip

34102

Country

Collier

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0202565

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

Guckman Michel

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

350 5th Ave South

Suite, Apt. #, Etc.

#200

City

Naples

State

FL

Zip Code

34102

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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
DPS	Sigrid Meier-Deneke	660 9th St. North	Naples, FL 34102
DVT	Meinhard Deneke	660 9th St. North	Naples, FL 34102

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:

M. Deneke

Meinhard Deneke

Date

06-18-07

Daytime Phone #

239 263

0060