

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 13 PM 1:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **M37711**

1. Corporation Name

**THE FOUR HAIR DESIGNERS, INC.**

Principal Place of Business

Mailing Address

9345 S.W. 40TH ST.  
MIAMI FL 33165

9345 S.W. 40TH ST.  
MIAMI FL 33165

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

09/02/1986

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2717919

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DP	FERBEYRE, ANTONIO E.	9345 SW 40 ST.	MIAMI FL
DS	CAPIN, NORMA	9345 SW 40 ST.	MIAMI FL
DT	VALDIVIA, MAGALY	9345 SW 40 ST.	MIAMI FL
D	HERNANDEZ, EMILY	9345 SW 30 ST.	MIAMI FL
D	AIDA, ALDANA	9345 S.W. 40TH ST.	MIAMI FL 33165

8. Name and Address of Current Registered Agent

ALDANA, AIDA  
9345 SW 40 ST.  
MIAMI FL 33165

9. Name and Address of New Registered Agent

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. or 617.0505, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date

10-11-03

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-11-03 (305) 5591940

CR2E040 (7/03)

**THE FOUR HAIR DESIGNERS, INC.**

**9345 S.W. 40<sup>th</sup>. STREET**

**MIAMI, FL 33165**

**(305) 559-1940**

October 11, 2003

Department of State

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

RE: The Four Hair Designers, Inc.

FEIN: 59-2717919

DOCUMENT #M37711

APPLICATION FOR REINSTATEMENT

To Whom It May Concern:

I am in receipt of your Notice of Administrative Dissolution or Revocation due to failure to file our 2003 corporation annual report.

Please be advised that this is the first notice we receive. We did NOT receive the two prior UBR notices you mention in the above-captioned application. We incorporated in 1986 and have since strived to do all our filings on a timely basis.

For the above reasons, we respectfully request that The Four Hair Designers, Inc. be reinstated as soon as possible. -Our Application for Reinstatement as well as the \$150 fee- is enclosed for your processing.

Your prompt attention to this matter is appreciated.

Sincerely,



Aida Aldana

Director and Registered Agent

enclosures