

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		97 AR Tandra B. M. M. M. Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **M46428**

1. Corporation Name

FONTANA HAIR COMPANY

Principal Place of Business

712 RIVERSIDE DR.
CORAL SPRINGS FL 33071-7314
US

Mailing Address

3125 NW 48 CT.
APT. 124
LIGHTHOUSE POINT FL 33071-7314
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/11/1987

5. FEI Number

59-2780301

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
DP	FONTANA, DOMENICK	224 N.W. 94 WAY	CORAL SPRINGS FL
VD	FONTANA, JOSEPHINE	224 N.W. 94 WAY	CORAL SPRINGS FL
S	FONTANA, DENISE A	712 RIVERSIDE DR.	CORAL SPRINGS FL

600002350956-- 9
-11/18/97--01085--006
***165.00 ***165.00

8. Name and Address of Current Registered Agent

FONTANA, DOMENICK
224 N.W. 94TH WAY
CORAL SPRINGS FL 33065

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.

Signature of
Registered Agent

Domenick D. Fontana

REGISTERED AGENT MUST SIGN

Date

10/31/97

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

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:

Domenick D. Fontana
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/31/97 9547534580

CR2E040 (8/97)