

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 OCT 30 PM 2:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N03000003914

1. Corporation Name

Hope Hairloss Inc.

709000046718

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

6915 NW 18 Ave

3. Mailing Office Address

267 Appaloosa Tr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Margate FL

City & State

Waynesville NC

Zip

33063

Country

Broward

Zip

28785

Country

Haywood

4. Date Incorporated or Qualified
To Do Business in Florida

07-31-2003

5. FEI Number
57-1166167

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

Marietta Cioffi

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

6915 NW 18 Ave

Suite, Apt. #, Etc.

City

Margate

State

FL

Zip Code

33063

☒ 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

Marietta Cioffi
REGISTERED AGENT MUST SIGN

Date 10-16-2009

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.	Marietta Cioffi <u>President</u>	267 Appaloosa Tr	Waynesville NC 28785
Vice Pres.	Maureen Schelber <u>Vice-President</u>	31 Hammond Rd	Eastnorthport LI NY 11731
Sec.	Dr. Steven J. Restler, M.D. <u>Secretary</u>	Coral Springs	Coral Springs FL 33064

RH

REINSTATEMENT

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:

Marietta Cioffi

Marietta Cioffi

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-16-2009

Date

828-550-1544

Daytime Phone #