

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **N98000005290**

1. Corporation Name

RUSS UNISEX HAIR ACADEMY, INC.

Principal Place of Business

Mailing Address

573 DR MARY MCLEOD BETHUNE BLVD
DAYTONA BEACH FL 32114

573 DR MARY MCLEOD BETHUNE BLVD
DAYTONA BEACH FL 32114

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/01/1998

SP

5. FEI Number

59-1667563

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
P/D	RUSS, ETAVIS	609 WHITE ST	DAYTONA BEACH FL 32114
ST/D	RUSS, CASSANDRA W	609 WHITE ST	DAYTONA BEACH FL 32114
D	WORSHAM, JONATHAN SR.	279 OLEANDER PLACE	ORMOND BEACH, FL 32114

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

RUSS, ETAVIS
609 WHITE ST
DAYTONA BEACH FL 32114

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

Etavis Russ
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

2/28/2000

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.

SIGNATURE:

Etavis Russ
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/28/2000 (904) 255-8011
Daytime Phone #

FILED
00 APR 18 PM 1:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
REINSTATEMENT 99-00

CR2E0.0 (8/99)