

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV -5 AM 11:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000008645

1. Corporation Name

VENTO HAIR DESIGN, INC.

Principal Place of Business

6006 SW 18TH ST
BOCA RATON FL 33433

Mailing Address

18140 BOCA WAY DRIVE
BOCA RATON FL 33498

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

01/26/2000

5. FEI Number

65-0980921

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	4 City / State / Zip
PD	LANE CLAUDIA, J	18140 BOCA WAY DRIVE	BOCA RATON FL 33498
S	MAURICE, ILLAZANA	18140 BOCA WAY DR	BOCA RATON FL 33428 (spelling)
S	MAURICE, OUAZANA	18140 BOCA WAY DR.	BOCA RATON, FL. 33498

8. Name and Address of Current Registered Agent

MERLO, ANDREW ESQ.
2101 CORPORATE BLVD.
SUITE 325
BOCA RATON FL 33431

9. Name and Address of New Registered Agent

Name
THIRTY MALHOTRA
Street Address (P.O. Box Number is Not Acceptable)
2499 GLADES ROAD SUITE 101
Suite, Apt. #, Etc.
SUITE 101
City
BOCA RATON
State
FL
Zip Code
33431

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 10/25/02

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
JAY CLARE Pres.

Oct 25, '02

Date 10/25/02 Phone 561-338-3509

CR2E040 (8/02)