

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 MAR -9 PM 2:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000011954

1. Corporation Name

HAIR IT IS of Miami-Dade - Inc

00093740377

19/07--01037--017 **750.00

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

4082 NW 167 ST

3. Mailing Office Address

2717 SW 83rd Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami Gardens

City & State

MIRAMAR

Zip

33055

Country

FL

Zip

33025

Country

FL

REINSTATEMENT 03-07

4. Date Incorporated or Qualified
To Do Business in Florida

2/3/02

5. FEI Number

#65-0979948

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

DAWN C. DICKSON

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

2717 SW 83rd Ave

Suite, Apt. #, Etc.

101

City

Miramar

State

FL

Zip Code

33025

☒ 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

Dawn C. Dickson

REGISTERED AGENT MUST SIGN

Date March 5th 2007

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
P=	DAWN C. DICKSON	2717 SW 83rd Ave	MIRAMAR FL 33025
M=	ALIX H. DICKSON	3901 NW 177 St	MIAMI FL 33054
C=	JOSEPH E. ATKINSON	3901 NW 177 St	MIAMI FL 33054

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

Dawn C. Dickson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

March 5th 2007 - 786-443-8154