

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

04 JAN 27 PM 1:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P00000047190**

1. Corporation Name

HOUSE OF STYLE OF CAROL CITY, INC.

2. Principal Office Address

2440 Alcazar DR.

Suite, Apt. #, etc.

City & State

Miramar FL

Zip

33023

Country

USA

3. Mailing Office Address

P O BOX 4342

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip

33014

Country

USA

700027654057

01/27/04--01017--022 \*\*900.00

62-04

4. Date Incorporated or Qualified  
To Do Business in Florida

5/11/2000

5. FEI Number

65-1009480

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

JACQUELYN L. WOODEN, ESQ.

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

99 NW 183 ST.

Suite, Apt. #, Etc.

240

City

MIAMI

State  
FL

Zip Code  
33169

**REINSTATEMENT**

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

REGISTERED AGENT MUST SIGN

FILED

Date

1/21/04

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 D	GLORIA HEPBURN	2440 Alcazar Drive	Miramar FL 33023
S T	MERLINE HEPBURN	2440 Alcazar Drive	Miramar FL 33023

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 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

Date

1/22/04

Daytime Phone #

305-528-8413