

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.

3. Mailing Office Address

P O BOX 4342

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miramar FL

City & State

MIAMI FL

Zip

33023

Country

USA

Zip

33014

Country

USA

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.

REINSTATEMENT

Suite, Apt. #, Etc.

240

City

MIAMI

State
FL

Zip Code
33169

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

FLOR

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

62-04

700027654057
01/27/04--01017--022. **900.00