

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 OCT 21 PM 1:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P000000069878**

1. Corporation Name

**WONDERFUL ME HAIR
DESIGN, INC.**

2. Principal Office Address

890 SW 27th Ave

Suite, Apt. #, etc.

3. Mailing Office Address

890 SW 27th Avenue

Suite, Apt. #, etc.

City & State

Fort Lauderdale

City & State

Fort Lauderdale

Zip

33312

Country

USA

Zip

33312

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

07/21/00

5. FEI Number

651032211

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

DONALD PURCELL

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

890 SW 27th Avenue

Suite, Apt. #, Etc.

City

Fort Lauderdale

State

FL

Zip Code

33312

200060955072

10/27/05--01004--007 **308 75

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

Donald Purcell

REGISTERED AGENT MUST SIGN

Date **10/11/05**

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
D	Donald Purcell	890 SW 27 th Ave	Fort Lauderdale, FL 33312
D	Linda Purcell	890 SW 27 th Ave	Fort Lauderdale, FL 33312
D	Valerie Wright	4200 NW 16 St, #309	Lauderhill, FL 33313

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

Donald Purcell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Donald Purcell - 10/11/05

Date

**(954)
791-9150**

Daytime Phone #

WONDERFUL ME HAIR DESIGN, INC.

890 SW 27th Avenue
Fort Lauderdale, Florida 33312

Telephone: (954) 791-9150

October 11, 2005

VIA CERTIFIED MAIL - 7003 1680 0006 4625 4570

Return Receipt Requested

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

**Re: Corporation Reinstatement
Wonderful Me Hair Design, Inc. - P00000069878**

Dear Sir/Madam:

This will confirm my telephone conference with you earlier today regarding the above-referenced corporation which has been administratively dissolved.

As I advised you, I did not receive any notices from the Department of State over the past two years for the annual renewal of Wonderful Me Hair Design, Inc. Pursuant to your instructions, I have completed the Corporation Reinstatement Form, executed same and enclosed the original herewith. Further, as instructed, I have also enclosed the reinstatement fee of \$300.00 plus an additional \$8.75 for a Certificate of Status.

Because of the aforementioned reason, I would appreciate that any and all other fees to reinstate the corporation be waived and respectfully request that Wonderful Me Hair Design, Inc. be reinstated as a corporation.

Thank you for your kind attention and continued courtesy.

Respectfully



Donald Purcell
Director

DP/lh
Enclosures