

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P00805

1. Entity Name  
GREATCLIPS, INC.



FILED

06 DEC 26 PM 12:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
7700 FRANCE AVE SO  
#425  
MINNEAPOLIS, MN 55435-5868

Mailing Address  
7700 FRANCE AVE SO  
#425  
MINNEAPOLIS, MN 55435-5868

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
Zip Country

City & State  
Zip Country



REINSTATEMENT

4. FEI Number  
41-1430345

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION, FL 33324

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00  
After January 1, 2007, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE PCOD ☐ Delete  
NAME OLSEN, RHONDA C  
STREET ADDRESS 2422 QUAIL CREEK PKW  
CITY-ST-ZIP BLAINE, MN 55434

TITLE D ☐ Delete  
NAME YASTROW, SHELBY  
STREET ADDRESS KROC DR  
CITY-ST-ZIP OAKBROOK, IL 60521

TITLE CEOD ☐ Delete  
NAME BARTON, RAY  
STREET ADDRESS 5915 CHRISTMAS LAKE RD.  
CITY-ST-ZIP EXCELSIOR, MN 55331

TITLE S ☐ Delete  
NAME TREND, SANDRA A  
STREET ADDRESS 8301 W 109TH STREET  
CITY-ST-ZIP BLOOMINGTON, MN 55438

TITLE VP ☐ Delete  
NAME SIMPSON, CHARLES D  
STREET ADDRESS 2695 KELLY AVE  
CITY-ST-ZIP EXCELSIOR, MN 55331

TITLE SRVP ☐ Delete  
NAME WIEBER, DEAN A  
STREET ADDRESS 6357 OXBOW BEN  
CITY-ST-ZIP CHANHASSEN, MN 55317

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 300082776983  
CITY-ST-ZIP 12/26/06--01046--008 \*\*150.00

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-20-06

Date

Daytime Phone #

K. Eckel DEC 27 2006