

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

14 JUN -4 PM 12:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000010556

1. Corporation Name

Wig Villa & Hair Supply, Inc.

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

575 Central Avenue

Suite, Apt. #, etc.

3. Mailing Office Address

575 Central Avenue

Suite, Apt. #, etc.

City & State

St. Petersburg, FL

Zip

33701

Country

Pinellas

City & State

St. Petersburg, FL

Zip

33701

Country

Pinellas

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

01/29/2001

5. FEI Number

59-3645441

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

Michelle C. Kim-Atsavinh

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

1800 70th Circle North

Suite, Apt. #, Etc.

City

St. Petersburg

State

FL

Zip Code

33704

300256630113
06/03/14--01011--019 **150.00

300256630113
02/11/14--01021--002 **750.00

8. I, being appointed, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Michelle C. Kim-Atsavinh
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR

REGISTERED AGENT MUST SIGN

Date 2/3/2014

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
DP	Michelle C. Kim-Atsavinh	1800 70th Circle North	St. Petersburg, FL 33704

10. E-mail Address: **michellekim1225@yahoo.com**

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Michelle C. Kim-Atsavinh
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/2014

727-823-3100

Date

Daytime Phone #