

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P01000015896

1. Corporation Name

"EXPLOSIONS" THE HAIR CAFE, INC.

Principal Place of Business

Mailing Address

99 DIVISION ST.  
OVIEDO FL 32762

P.O. BOX 020007 430 LIME ST.  
OVIEDO FL 32762 EATONVILLE, FLA.  
32751

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each, Officer and/or Director 3	City / State / Zip 4
D	GRANT, KENNEDY	430 LIME ST.	EATONVILLE FL 32751

8. Name and Address of Current Registered Agent

GRANT, KENNEDY  
430 LIME ST.  
EATONVILLE FL 32751

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date 10/13/03

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., 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

*[Signature]* KENNEDY GRANT

Date

Daytime Phone #

10/13/03 407-366-4949

FILED

03 OCT-17 AM 9:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT



000023910350

10/17/03--01072--010 \*\*158.75

4. Date Incorporated or Qualified  
To Do Business in Florida

02/01/2001

5. FEI Number

59-3698229

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ YES

\$8.75 Additional Fee required  
for a Certificate of Status


CR20040 (7/03)

10/13/03

DEAR: SIR/MAM

I am writing to request that the REINSTATEMENT fee be waived for "EXPLOSIONS" THE HALL CAFE. WE did not RECIEVE initial UBR NOTICE. PLEASE CHANGE mailing ADDRESS to 430 Lime St, Eatonville, FLA. 32751. I have ENCLOSED A check for \$15875.

Thank You Very much,

  
KENNEDY Grant