

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10f2



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV 14 PM 5:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000031054

1. Corporation Name

HAIRY COMPANY

Principal Place of Business

1218 DINNERBELL LANE
DUNEDIN FL 34698

Mailing Address

1218 DINNERBELL LANE
DUNEDIN FL 34698

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/01/2001

5. FEI Number

☒ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
D	GARNETT, SUSAN T	1218 DINNERBELL LANE	DUNEDIN FL 34698

7000008979377

11/14/02--01010--019 **150.00

8. Name and Address of Current Registered Agent

LOVELACE, WILLIAM K ESQUIRE
401 S LINCOLN AVENUE
CLEARWATER FL 33756

9. Name and Address of New Registered Agent

Name

Susan Garnett

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

1218 Dinnerbell Lane

Suite, Apt. #, Etc.

Dunedin

City

Dunedin

State

FL

Zip Code

34698

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

Susan Garnett
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

10/29/02

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Susan Garnett

Date

10/28/02 727 738

Daytime Phone #

4476

CR2E040 (8/02)

Hairy Company, inc.

1218 Dinnerbell Lane East Dunedin, FL 34698

10/29/02

Division of Corporations
Annual Report/Reinstatement Section
PO Box 6327
Tallahassee, FL 32314-6327

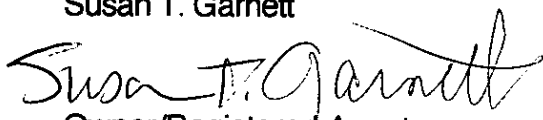
Re: Reinstatement of Hairy Company, Inc.

To whom it may concern:

In accordance with recent information received from your office, I am writing to inform you that as the owner of Hairy Company, Inc. I did not receive any prior information regarding the Uniform business Report. Since receiving information, I am acting as the new Registered Agent. I am requesting reinstatement and ask that the penalty fee be waived. Accompanying this letter, you will find the appropriate payment and application for reinstatement.

Thank you for your time.

Susan T. Garnett


Owner/Registered Agent