

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

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



FILED

02 NOV 21 PM 2:16

DOCUMENT # P01000039354

1. Corporation Name

CUTSTYLE UNISEX, INC

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
300009155763
11/21/02--01105--012 **150.00

Principal Place of Business

388 NW 8TH AVE
HOMESTEAD FL 33030

Mailing Address

388 NW 8TH AVE
HOMESTEAD FL 33030

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

04/16/2001

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
DP	MELCHOR, LETICIA	388 NW 8TH AVE	HOMESTEAD FL 33030

8. Name and Address of Current Registered Agent

MELCHOR, LETICIA
388 NW 8TH AVE
HOMESTEAD FL 33030

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

Leticia Melchor
REGISTERED AGENT MUST SIGN

Date

11/15/02

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:

Leticia Melchor
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/15/02 305 246-3010

CR2E040 (8/02)

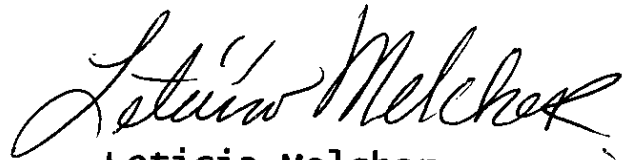
CutStyle
168 N.E. 8th Street
Homestead Fla. 33030
(305)246-3010

11/15/02

To: Division of Corporations,

I Leticia Melchor owner of CutStyle Unisex #P01000039354 of Homestead never recieve neither of the (UBR) notices or annual buisness reports. I have enclosed the reinstatement fee and as of me writting this letter I understand that the actual fee will be wavied. If you have any questions regarding this matter please feel free to contact me at (305)246-3010.

Thank you,

A handwritten signature in cursive script that reads "Leticia Melchor". The signature is written in black ink and is positioned above the printed name and title.

Leticia Melchor
Owner