

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris,
Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV -4 PM 2:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # ~~402A00058138~~

1. Corporation Name

P01000040637
T-N-T STYLING, INC.

100008791211
11/04/02--01101--019 **150.00

2. Principal Office Address

5214 NW 54th Street

Suite, Apt. #, etc.

3. Mailing Office Address

5214 NW 54th Street

Suite, Apt. #, etc.

City & State

Coconut Creek, Fl.

City & State

Coconut Creek, Fl.

Zip

33073

Country

Broward

Zip

33073

Country

Broward

4. Date Incorporated or Qualified
To Do Business in Florida

4/20/2001

5. FEI Number

65-1100-283

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 PODLAS

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

5214 NW 54 Street

Suite, Apt. #, Etc.

City

Coconut Creek

State

FL

Zip Code

33073

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

Signature of

Registered Agent

Michelle Podlas

REGISTERED AGENT MUST SIGN

Date

11/1/02

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
T	Evan Lieb	5214 NW 54th Street	Coconut Creek Fl. 33073

10. 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/1/02 (954) 605 0848

Daytime Phone #

CR20081 (9/01)

10-24-02

To whom it may concern;
CORPORATION: T-N-T STYLING, INC.

I, Michelle Podlas never
Recieved any uniform Business
CERTIFICATE FROM the State.

I am asking to waive all Fees,
and submit the \$150.00

I am sending a checking
in the amount of \$150.00
if there are any problems, Please
Contact me at (954) 427-2138.

~~Thank You~~
Michelle Podlas

Also, I have added on
Evan as Treasurer to my
application. This is all new to
me so Bare with me.