

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 22 PM 1:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000047425

1. Corporation Name

ANGELA HAIR, INC.

Principal Place of Business

16701 GULF BOULEVARD
NORTH REDINGTON BEACH FL 33708

Mailing Address

16701 GULF BOULEVARD
NORTH REDINGTON BEACH FL 33708



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

4. Date Incorporated or Qualified
To Do Business in Florida

05/07/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

NR 59-3722174

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

| Title(s) 1 | Name of Officers and/or Directors 2 | Street Address of Each Officer and/or Director 3 | City / State / Zip 4 |
|---------------|---|--|--------------------------|
| owner | Angela Fleet | 16701 Gulf Blvd. #201 FL | Treasure Island FL 33706 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

8. Name and Address of Current Registered Agent

FLEET, ANGELA
16701 GULF BOULEVARD
NORTH REDINGTON BEACH FL 33708

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

REGISTERED AGENT MUST SIGN

Date

11/8/02

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (8/02)

Florida Department Of State
Jim Smith
Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Reinstatement Letter

Per our telephone conversation this letter is to serve as written notice to reinstate Angela Hair, Inc. and to wave the fee.

I have filled out the application and hope that this is correct finally. I sent the original back on August 15th along with check #1104 for \$150.00. The Check has been cashed and cleared. If you have any questions or concerns please feel free to contact me at Angela Hair, Inc. 727-392-5900.

Sincerely

Angela Fleet
Angela Hair, Inc.

Enclosed: Document #P01000047425