

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 DEC -9 AM 9:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000050816

1. Corporation Name

EDEN HAIR STUDIO, INC.

Principal Place of Business

3233 OWASSA CT
KISSIMMEE FL 34746

Mailing Address

3233 OWASSA CT
KISSIMMEE FL 34746

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.
2875 S. Orange Ave.

City & State
Orlando FL

Zip 32806 Country USA

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.
2875 S. Orange Ave.

City & State
Orlando FL

Zip 32806 Country USA.

4. Date Incorporated or Qualified
To Do Business in Florida

05/14/2001

5. FEI Number

59-3719243

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	SHIELDS, JERALD L	3233 OWASSA CT 8641 Wellington Loop	KISSIMMEE FL 34746 34747
VT	VEGA-PACHECO, ANTONIO	3233 OWASSA CT 8641 Wellington Loop	KISSIMMEE FL 34746 34747

8. Name and Address of Current Registered Agent

SHIELDS, JERALD J.
3233 OWASSA CT
KISSIMMEE FL 34746

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 REQUIRED
REGISTERED AGENT MUST SIGN

Date 12-2-02

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

Date

Daytime Phone #

CR2E040 (8/02)

Monday, December 02, 2002

To whom it may concern:


Included you will find a check for \$150.00 annual fee.

We received no prior notices.

The two addresses you have on record are incorrect.

The correct address is listed in the reinstatement form.

Thank you



Antonio Vega-Pacheco