

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

07 JAN 31 AM 9:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # *PO 1000064350*

1. Corporation Name

*The Hair Co of Naples inc*

**REINSTATEMENT**

2. Principal Office Address - No P.O. Box #

*6060 Collier Blvd Ste 29*

Suite, Apt. #, etc.

*Suite 29*

City & State

*NAPLES FL*

Zip

*34114*

Country

*USA*

3. Mailing Office Address

*6060 Collier Blvd Ste 29*

Suite, Apt. #, etc.

City & State

*NAPLES FL*

Zip

*34114*

Country

*USA*

*05-07*

*EP*

CR2E081 (1/07)

4. Date Incorporated or Qualified  
To Do Business in Florida

*6/26/2001*

5. FEI Number

*593727149*

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$5.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

*Valentine Cebulski*

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

*248 Riverwood Rd*

Suite, Apt. #, Etc.

City

*NAPLES*

State

*FL*

Zip Code

*34114*

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

*Valentine Cebulski*

Date *1-27-07*

REGISTERED AGENT MUST SIGN

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

| Titles          | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip     |
|-----------------|--------------------------------------|---|------------------------|
| <i>Director</i> | <i>Valentine Cebulski</i>            | <i>248 Riverwood</i>                              | <i>NAPLES FL 34114</i> |
| <i>T</i>        | <i>Kenneth J Cebulski</i>            | <i>248 Riverwood</i>                              | <i>NAPLES FL 34114</i> |
| <i>S</i>        | <i>Kenneth J Cebulski</i>            | <i>248 Riverwood</i>                              | <i>NAPLES FL 34114</i> |
|                 |                                      |   |                        |
|                 |                                      |   |                        |
|                 |                                      |   |                        |

*100087606951*  
*02/07/07--01053--011 \*\*450.00*

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 contained in Chapter 119, 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: *Valentine Cebulski*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1-27-07 23993-3072*

Date

Daytime Phone #