

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 31 AM 9:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000082253

1. Corporation Name

VIP HAIR SALON, INC.

Principal Place of Business

509 S. 21 AVENUE
HOLLYWOOD FL 33020

Mailing Address

509 S. 21 AVENUE
HOLLYWOOD FL 33020

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

REINSTATEMENT 03

4. Date Incorporated or Qualified
To Do Business in Florida

08/21/2001

5. FEI Number

65-1156484

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	JIMENEZ, JAIR	18982 W DIXIE HWY	NORTH MIAMI FL 33180
			900024331279 10/31/03--01043--010 **150.00

8. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI FL 33145

9. Name and Address of New Registered Agent

Name

JAHIR JIMENEZ

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

509 S 21st AVE

Suite, Apt. #, Etc.

City

HOLLYWOOD

State

FL

Zip Code

33020

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

10-23/03

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

10/23/03

Daytime Phone #

CR2040 (7/03)

Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, Fl 32314-6327

To Whom It May Concern:

My name is Jahir Jimenez, the owner of VIP Hair Salon. My address for my business is 509 S 21st Ave Hollywood, Fl 33023. The business phone # is (954) 927-4827. My document # is P01000082253. I am writing this letter to ask, if you could please consider waiving the remainder reinstatement fee. The reason for this request is due to me, not receiving any notification for the fees owed and the process of filing the annual report/uniform business report. I have enclosed my completed application, and a check for \$150.00. To reinstate the corporation. If you have any questions or concerns feel free to contact me. Thank you so much for your cooperation and understanding.

Make it a great day


Jahir Jimenez