

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 JAN 11 PM 12:22

DOCUMENT # P01000100885

**1. Corporation Name**

Nubian Hair & Nail, Inc.

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

2702 North University Dr. North University Dr.

Suite, Apt. #, etc.

**3. Mailing Office Address** 2702

Suite, Apt. #, etc.

City & State

SUNRISE FL.

City & State

SUNRISE FL.

Zip

33322 USA

Zip

33322 USA

**7. Name and Address of Current Registered Agent**

Name

Sylvia C. Carroll

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

2702 North University Drive

Suite, Apt. #, Etc.

City

SUNRISE

State

FL

Zip Code

33322

**4. Date Incorporated or Qualified  
To Do Business in Florida**

10/17/2001

**5. FEI Number**

65-1147853

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☒ **\$8.75 Additional Fee required  
for a Certificate of Status**

☒ 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

Sylvia C. Carroll

REGISTERED AGENT MUST SIGN

Date January 8, 2008

**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
PSD	<u>Andrea O'Meally</u>	<u>7420 N.W. 39th Street</u>	<u>Lauderhill, FL 33319</u>
VTD	<u>Sylvia C. Carroll</u>	<u>35 Summer Leigh Dr.</u>	<u>Stockbridge Ga 30281</u>
		<u>B 1/15/08</u>	<u>400114812784</u>
		<u>REINSTATEMENT 06-08</u>	<u>01/11/08--01035--020 **608.75</u>

**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:

Sylvia C. Carroll  
Vice President/Treasurer

1/8/08

Date

770-507-8849

Daytime Phone #