

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONSFILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 AUG 27 AM 8:36

1 of 1

DOCUMENT # P01000101729

1. Corporation Name

CRISTINA'S HAIR STUDIO, INC

2. Principal Office Address

883 109th Avenue

Suite, Apt. #, etc.

City & State

Naples, Florida

Zip

34108

Country

USA

3. Mailing Office Address

883 109th Avenue

Suite, Apt. #, etc.

City & State

Naples, Florida

Zip

34108

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

2001

5. FEI Number

59-3756483

Applied For

Not Applicable

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

7. Name and Address of Current Registered Agent

Name

Antonio Faga, Esq.

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

7955 Airport Road North

Suite, Apt. #, Etc.

Suite 101

City

Naples

State

FL

Zip Code

34109

400041256504

09/22/04--01030--009 ***0.00

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

Date August 24, 2004

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P-V/P S-T	Agostina Cristina Re	883 109th Avenue	Naples, FL 34108

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 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:

Agostina Cristina Re

08/24/04

Date

239-597-7600

Daytime Phone

Antonio Faga
Counselor at Law

292

7955 Airport Road North
Suite 101
Naples, Florida 34109
239-597-9999
Fax 239-597-9974

August 24, 2004

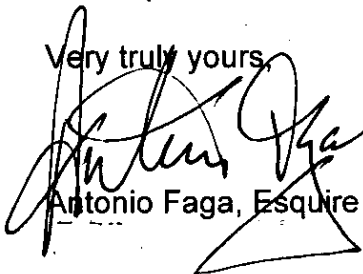
Florida Department of State
Secretary of State
Division of Corporations
500 S. Bronough
Tallahassee, FL 32399-0250

RE: Cristina's Hair Studio, Inc.

Gentlemen:

Enclosed herein please find check in the amount of \$450.00 representing reinstatement for the years 2002, 2003, and 2004. I have not received any information from the State of Florida for those years regarding my corporate filings and request that the penalties be waived.

Very truly yours,



Antonio Faga, Esquire

AF:bs