

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10f2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 AUG 21 AM 9:08

SECRETARY OF STATE
HALL OF RECORDS, FLORIDA

DOCUMENT #

P01000114302

1. Corporation Name

C/ene Hair FX Inc
INDO-33913

2. Principal Office Address

4941 E 7th Ave

3. Mailing Office Address

10409 N 26 STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tampa FL

City & State

Zip

Country

33605 Hills

Zip

Country

33412 Hills

REINSTATEMENT

04-186

4. Date Incorporated or Qualified
To Do Business in Florida

Nov 28-2009

5. FEI Number

83-0413715

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

Eric N Fullwood

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

10409 N 26 ST

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33612

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

[Signature]

Date 7-20-06

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 Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Eric N Fullwood	10409 N 26 ST	Tampa, FL 33612

500079051075
08/23/06--01028--019 **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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-20-06 (813) 892 2147

Doc# PO10001143020fz

I did not Receive
the annual report
notice for 2004.

Please wave Reinstatement
fee.

Thank you,

C. J. J. J.

8-16-06