

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P01000115829**

1. Corporation Name

FRANGIPANI HAIR STUDIO, INC.

WL-20074

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

1257 South 3rd St.

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Jacksonville Beach, FL

City & State

Zip

32250

Country

US

Zip

Country

7. Name and Address of Current Registered Agent

Name

Shanna Swing

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

1257 South 3rd St.

Suite, Apt. #, Etc.

City

Jacksonville Beach, FL

State

FL

Zip Code

32250

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

Shanna Swing

REGISTERED AGENT MUST SIGN

Date

4/20/10

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
DPST	Shanna L. Swing	1355 Plantation Oaks Dr. N.	Jacksonville Beach, FL 32250

REINSTATEMENT

RH

10. E-mail Address: **shannaswing@aol.com**

(To be used for future annual report notification)

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. I further certify, 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:

Shanna Swing

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Shanna L. Swing

Date

4/20/10 904 910-9651

Daytime Phone #

FILED

10 MAY 10 AM 8:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100177296991
05/10/10--01077--008 **450.00

100177296991
04/23/10--01033--019 **750.00
CR2E081 (11/09)

4. Date Incorporated or Qualified
To Do Business in Florida

12/01/01

5. FEI Number

900002780

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.