

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 DEC 14 AM 9:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000011469

1. Corporation Name

INTERNATIONAL HAIR SYSTEM INC

2. Principal Office Address

405 SE 4TH ST

Suite, Apt. #, etc.

City & State

DANIA

Zip

FL

Country

33004

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 03-04

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

90-0005618

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

MARIA P. ALVAREZ

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

405 SE 4TH ST

Suite, Apt. #, Etc.

City

DANIA

State
FL

Zip Code

33004

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 11/15/04

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	MARIA P. ALVAREZ	405 SE 4TH ST.	DANIA FL 33004
			000042901360 12/21/04--01004--024 **150.00
			BY 12/15
			000042901360 11/19/04--01049--006 **150.00

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/15/04

Daytime Phone #

CR2E081 (10/02)

NATP MEMBER

MFR & Associates

ACCOUNTANTS & CONSULTANTS

AICPA MEMBER

220 71ST STREET SUITE 212
MIAMI BEACH, FL 33141

TELEPHONE: (305) 864-7706
FACSIMILE: (305) 864-7960

November 15, 2004

FL Dept. of State
Fl. Div. Of Corp.

RE: INTERNATIONAL HAIR, INC.
Doc # P02000011469

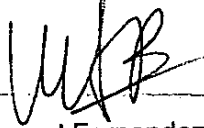
Dear Sir or Madam:

I am writing to you on behalf of INTERNATIONAL HAIR SYSTEM, INC. to request a waiver of penalties associated with the reinstatement of this corporation. This request is based on the fact that this entity, our office or their attorney did not receive a preprinted form from the State.

Enclosed please find a copy of the form for the year 2003, we obtained from the internet and a check for \$150.00. The company has made a good faith effort to meet the state's filing requirements.

I thank you in advance for your help,

Sincerely,



Manuel Fernandez
Tax Advisor