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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

06 JAN 13 PM 12:15

**DOCUMENT #** P02000011469

**1. Corporation Name**

INTERNATIONAL HAIR SYSTEM, INC.

**2. Principal Office Address**

405 SE 4TH STREET

Suite, Apt. #, etc.

**City & State**

DANIA FL

**Zip**

33004

**Country**

USA

**3. Mailing Office Address**

405 SE 4TH STREET

Suite, Apt. #, etc.

**City & State**

DANIA FL

**Zip**

33004

**Country**

USA

CR2E081 (12/05)

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

**5. FEI Number**

900005618

**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**

ALVAREZ, MARIA P

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

405 SE 4 TH STREET

**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**

REGISTERED AGENT MUST SIGN

**Date**

1.9.06

**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	ALVAREZ, MARIA P	405 SE 4TH STREET	DANIA FL 33004
			700065013687 02/01/06--01089--011 **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 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 #**

1.9.06

NATP MEMBER

***MFR & Associates***

**ACCOUNTANTS & CONSULTANTS**

220 71ST STREET SUITE 209  
MIAMI BEACH, FL 33141

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

  
AICPA MEMBER

January 9, 2006

FL Dept. of State  
Fl. Div. Of Corp.  
Dear Sir or Madam:

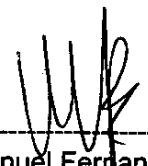
RE: INTERNATIONAL HAIR SYSTEM, INC  
Doc # P02000011469

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 2005, 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