

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P02000045682**

1. Corporation Name

**SHEAR PARADISE HAIR & TANNING
SALON, INC.**

2. Principal Office Address

2215 N. US #1

Suite, Apt. #, etc.

City & State

TITUSVILLE FL

Zip

32796

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

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

5. FEI Number

03-0434250

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

LINDA GAGER

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

2215 N. US #1

Suite, Apt. #, Etc.

City

TITUSVILLE, FL

State

FL

Zip Code

32796

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

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	LINDA GAGER	2215 N US #1 TITUSVILLE	TITUSVILLE FL 32780

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

Linda D. Gager

Date

4/22/05 321-537-9284

Daytime Phone #

FILED

05 JUN 27 PM 1:09

SECRET
TALLAH

900057344489
07/12/05--01031--019 **450.00

REINSTATEMENT 03-05

CR2E081 (01/05)