

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10P2

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood Secretary of State

DIVISION OF CORPORATIONS

FILED

03 OCT 21 PM 2:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # P02000049765

1. Corporation Name

KIM WHEELER HAIR, INC.

Principal Place of Business

Mailing Address

940 AQUA LANE FT. MYERS FL 33919

940 AQUA LANE FT. MYERS FL 33919



63

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

05/01/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

04-3679478

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Table with 4 columns: Title(s), Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City / State / Zip. Row 1: PTD, WHEELER, KIM, 940 AQUA LANE, FT. MYERS FL 33919. Includes handwritten 'REINSTATEMENT' and a stamp with number 400023965014 and date 10/21/03.

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WHEELER, KIM 940 AQUA LANE FT. MYERS FL 33919

Name

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

Suite, Apt. #, Etc.

City

State FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent

Handwritten signature of Kim Wheeler and typed name KIM WHEELER

REGISTERED AGENT MUST SIGN

Date 10/14/03

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 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:

Handwritten signature of Kim Wheeler and typed name KIM WHEELER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/14/03

Daytime Phone #

CR2E040 (7/03)

2052

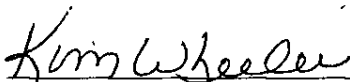
KIM WHEELER HAIR, INC.  
940 AQUA LN.  
FT. MYERS, FL. 33919

OCT. 15, 2003

FLORIDA DEPT. OF STATE  
P.O.BOX 6327  
TALLAHASSEE, FL. 32314

TO WHOM IT MAY CONCERN,

I AM INCLUDING THE ORIGINAL FILING FEE OF \$150.00 WITH THIS REINSTATEMENT FORM AS I DID NOT RECEIVE THE TWO PRIOR UBR REPORTS. I THANK YOU FOR YOUR ASSISTANCE WITH THIS REINSTATEMENT AND PLEASE CALL IF I CAN BE OF ANY FURTHER ASSISTANCE.

  
\_\_\_\_\_  
KIM WHEELER PRESIDENT