

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED

03 DEC -9 PM 2:06

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **P02000054871**

1. Corporation Name

**TIPHARETH HAIR SALON, INC.**

Principal Place of Business

Mailing Address

~~5000 S. STRATEMEYER DR.  
 ORLANDO FL 32039~~

5080 STRATEMEYER DR.  
 ORLANDO FL 32839

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



**REINSTATEMENT 03**

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

05/15/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1001 North Macdill Ave #B

Tampa, FL

Zip 33607 Country US

5. FEI Number

9-26747038

Applied For

Not Applicable

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
President	Gabriel Solorzano-Romero	5080 Stratemeyer Dr. Orlando, FL 32839	
			200024703992 11/14/03--01031--010 **\$600.00
			200024703992 12/09/03--01014--027 **\$750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~SOLORZANO, GABRIEL  
 5080 STRATEMEYER DR.  
 ORLANDO FL 32839~~

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

Gabriel Solorzano Romero  
 SIGNATURE REQUIRED  
 REGISTERED AGENT MUST SIGN

Date 10/20/03

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:

Gabriel Solorzano Romero  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/20/03

Date

4076170769

Daytime Phone #

CR2E940 (7/03)