

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 OCT 16 AM 9:31

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**DOCUMENT # P02000056792**

1. Corporation Name

**DOREEN'S HAIR DESIGN, INC.**

Principal Place of Business

Mailing Address

91 SAUSALITO CIR  
 BOYNTON BEACH FL 33436

91 SAUSALITO CIR  
 BOYNTON BEACH FL 33436

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

8037 Saw Palmetto L  
 Suite, Apt. #, etc.

City & State  
 Boynton Bch FL

City & State

Zip 33436 Country US

Zip Country

4. Date Incorporated or Qualified To Do Business in Florida

05/21/2002

5. FEI Number

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
D	DIDOMENICO, DOREEN	91 SAUSALITO CIR	BOYNTON BEACH FL 33436
		8037 Saw Palmetto L Boynton Bch FL 33436	Boynton Bch FL 33436

800023865998  
 10/16/03 01092-025 \*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DIDOMENICO, DOREEN  
 91 SAUSALITO CIR  
 BOYNTON BEACH FL 33436

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 Suite, Apt. #, Etc.  
 City State Zip Code  
 FL

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

Date

REGISTERED AGENT MUST SIGN

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Doreen Didomenico*

10/12/03

CR2040 (7/03)

DOREEN'S HAIR DESIGN

8037 Say Palmetto Lane Boynton Beach Florida 33436

October 13, 2003

Florida Department of state  
Division Of Corporations  
P O Box 6327  
Tallahassee, Fl 32314

To Whom This May Concern:

Per my conversation I am Enclosing \$150.00 to keep my corporation open Since I did not receive anything prior to this notice. Please make all the changes of my new address to assure this delay will not happen again.

Thank You very much,

Doreen Di Domenico  
8037 Say Palmetto Lane  
Boynton Beach Florida 33436