

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 MAR 10 PM 4:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000061259

1. Corporation Name

HAIR By Niki, Incorporated

REINSTATEMENT 07-10

600169245936
02/17/10--01006--011 **758.75
CR2E081 (11/09)

2. Principal Office Address - No P.O. Box #

1601 NW 183rd street & same as

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami Garden, FL & same as

City & State

Zip

Country

33169 USA

Zip

Country

33169 USA

4. Date Incorporated or Qualified
To Do Business in Florida

year 2002

5. FEI Number

731645571

☒ 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

Truvada "Niki" Henderson

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

15 NE 209th street

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33179

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 2-11-10

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
Sole Owner	Truvada N. Henderson	15 NE 209th street	Miami, FL 33179

10. E-mail Address: HAIRByNiki@yahoo.com

(To be used for future annual report notification)

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, I further certify, 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

Truvada
Henderson 2-11-10 (786) 3063800
Daytime Phone #