

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 23 AM 10:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000098801**

1. Corporation Name

**CAROLYN'S COUNTRY CUTS, INC.**

Principal Place of Business

9251 SE HWY 314A  
OCKLAWAHA FL 32179

Mailing Address

9251 SE HWY 314A  
OCKLAWAHA FL 32179

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

09/11/2002

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	TRAIANO, CAROLYN	17075 SE 95TH ST RD	OCKLAWAHA FL 32179

500024053435  
10/23/03--01073--003 \*\*150.00

8. Name and Address of Current Registered Agent

TRAIANO, CAROLYN  
17075 SE 95TH ST RD  
OCKLAWAHA FL 32179

9. Name and Address of New Registered Agent

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

*Carolyn Traino*  
**SIGNATURE**  
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:

*Carolyn Traino*  
**SIGNATURE**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-20-03  
Date

288-4107  
Daytime Phone #

CR2E040 (7/03)

To Florida Department of State

I called you the other day cause I recieved in the mail a letter that my Inc was revoked, which hit me by surprise. I opened my then Salon in January. through the whole year I recieved notices to renew all my state licenses, which I did everything is up to par. Not once did I ever receive a letter from the department of State, at all that it was time to renew my corporation papers. The only letter I recieved from you was a few days ago that my Corporation has been revoked, which is a total surprise cause I never recieved any form of paper that it was time to renew.

I called Florida Department of State, they told me to write you and send a check of \$150.00 and you will look in to it please do

Thank you,  
Parom Lami President