

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 NOV 13 AM 8:00

DOCUMENT # P02000120006

1. Corporation Name

TRACY & COMPANY HAIRDESIGNERS, INC.

Principal Place of Business

Mailing Address

1211 SOUTH FLORIDA AVENUE
LAKELAND FL 33803

1211 SOUTH FLORIDA AVENUE
LAKELAND FL 33803

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

11/08/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

☒ 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	LASH, TRACY	1211 SOUTH FLORIDA AVENUE	LAKELAND FL 33803

300024619753
11/13/03--01007--015 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LASH, TRACY
1211 SOUTH FLORIDA AVENUE
LAKELAND FL 33803

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

REGISTERED AGENT MUST SIGN

Date

11-7-2003

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 #

11-7-2003

CR2E040 (7/03)

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Revisions of Corporation

Ray

Document #:P0200012006

Dear Sir/Maim:

My corporation was filed with your department in November 2002. This is the first Corporation I've ever has and moved into my new address in February 2003. I never received the annual reporting document from your office. And therefore feel I'm in titled to reinstate my Corporation for the \$150.00 fee.

Thank you for your consideration in this matter.

Sincerely,
Tracy lash