

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

04 JAN -7 PH 12:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000131798

1. Corporation Name

JUST MY COLOR, INC.

Principal Place of Business

Mailing Address

1301 CARLTON STREET
LONGWOOD FL 32750

1301 CARLTON STREET
LONGWOOD FL 32750

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/13/2002

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
DP	GREISDORF, HOLLAN	1301 CARLTON STREET	LONGWOOD FL 32750
DV	GREISDORF, ERIC	1301 CARLTON STREET	LONGWOOD FL 32750

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GRIESDORF, HOLLAN
1301 CARLTON STREET
LONGWOOD FL 32750

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

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

12/25/03

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/25/03

Daytime Phone #

407-
331-5070

CR2E040 (7/03)

Division of Corporations
Annual report / Reinstatement Section
P.O. Box 6327
Tallahassee, FL
32314-6327

December 25, 2003

To whom it may concern,

We received a notice of administration dissolution from the Florida Department of State, Division of Corporations. We called the phone number listed on the attached form, and we were instructed to write a letter to your office if we did not receive an annual report form, and we did not intend to dissolve our corporation, Just My Color.

This letter is to inform the Division of Corporations that the corporation Just My Color, Inc. did not receive an annual report form. We do not wish to dissolve the corporation. Enclosed, please find a check for \$150.00 to maintain our corporate status with the Florida Division of Corporations.

Thank you for your assistance.

Sincerely,

Hollan Greisdorf

Just My Color, Inc
407-331-5070
1301 Carlton St.
Longwood, FL
32750