

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P02000133704

1. Corporation Name

Ginia McKay Hair Design Inc.

2. Principal Office Address

4206 Avian Avenue

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ft. Myers FL

City & State

Zip  
33916

Country  
usa

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

12/23/02

5. FEI Number

421557499

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**REINSTATEMENT**

CR2E081 (12/05)

06 JUN 23 PM 2:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

500076705375  
06/29/06--01021--002 \*\*900.00

**7. Name and Address of Current Registered Agent**

Name

Virginia McKay

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

4206 Avian Avenue

Suite, Apt. #, Etc.

City

Ft. Myers

State

FL

Zip Code

33916

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

Date

REGISTERED AGENT MUST SIGN

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
P	Virginia McKay	4206 Avian Ave	Ft. Myers FL 33916

10. 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 contained in Chapter 119, 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 #

President

6/2/02