

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 MAY 10 AM 9:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 02000132704

1. Corporation Name

Gonia McKee Hair Design Inc.

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

13310 Sandy Key Lane

Suite, Apt. #, etc.

3. Mailing Office Address

13310 Sandy Key Lane

Suite, Apt. #, etc.

City & State

FT MYERS FL

City & State

FT MYERS FL

Zip

33908

Country

USA

Zip

33908

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

12-23-02

5. FEI Number

62-1557499

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

Virginia McKee Johnson

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

13310 Sandy Key Lane

Suite, Apt. #, Etc.

City

FT MYERS

State

FL

Zip Code

33908

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

Virginia McKee Johnson
REGISTERED AGENT MUST SIGN

Date

5/4/10

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 |
|--------|--------------------------------------|---|--------------------|
| P | Virginia McKee Johnson | 13310 Sandy Key Lane | FT MYERS FL 33908 |
| VP | Stephen Johnson | 13310 Sandy Key Lane | FT MYERS FL 33908 |
| | | | |
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| | | | |

20.5/17

10. E-mail Address:

(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:

Virginia McKee Johnson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/4/10

Daytime Phone #