

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 JUN 22 PM 2:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300104887053
06/26/07--01047--013 **450.00

REINSTATEMENT 05-07
CR2E081 (1/07)

DOCUMENT # P03000039061

1. Corporation Name

ELITE HAIR DESIGN, INC

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

850 Ives Dairy Rd
Suite, Apt. #, etc.
T 26

City & State

MIAMI FL.

Zip

33179 DADE

3. Mailing Office Address

20573 NE 6th Ct
Suite, Apt. #, etc.
Miami FL.

City & State

Miami FL.

Zip

33179 Dade

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

75310 7966

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$375 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

MAMISE ADRIEN

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

20573 NE 6th Court

Suite, Apt. #, Etc.

N/A

City

MIAMI

State

FL

Zip Code

33179

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Mamise Adrien
REGISTERED AGENT MUST SIGN

Date 4/9/07

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	MAMISE ADRIEN	20573 NE 6th Court	Miami FL 33179
		W07000021154	

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:

Mamise Adrien MAMISE ADRIEN 4/9/07 305-653-3225
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

PC6/22