

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

09 MAR 18 PM 3:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P03000089720

1. Corporation Name

Great Clips Mid-Atlantic, Inc.

2. Principal Office Address - No P.O. Box #  
7700 France Avenue South

3. Mailing Office Address  
7700 France Avenue South

Suite, Apt. #, etc.  
Suite 425

Suite, Apt. #, etc.  
Suite 425

City & State  
Minneapolis, MN

City & State  
Minneapolis, MN

Zip Country  
55435 USA

Zip Country  
55435 USA

4. Date Incorporated or Qualified  
To Do Business in Florida 8/11/2003

5. FEI Number  
52-2050230

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  
NRAI Services, Inc.

Street Address (P.O. Box Number Is Not Acceptable)  
2731 Executive Park Drive

Suite, Apt. #, Etc.  
Suite 4

City  
Weston

State Zip Code  
FL 33331

☐ 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

Date March 12, 2009

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
D/CEO	Raymond L. Barton	7700 France Avenue So., Suite 425	Minneapolis, MN 55435
D/VP	Rhoda Olsen	7700 France Avenue So., Suite 425	Minneapolis, MN 55435
T	Steve Overholser	7700 France Avenue So., Suite 425	Minneapolis, MN 55435
S	Sandra Trenda	7700 France Avenue So., Suite 425	Minneapolis, MN 55435
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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

Steve Overholser

3/10/2009

Date

952-893-9088

Daytime Phone #