

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000090477

1. Entity Name  
SHAMPOO HAIR, INC.



Principal Place of Business  
541 NW PINESAP WAY  
JENSEN BEACH, FL 34957

Mailing Address  
541 NW PINESAP WAY  
JENSEN BEACH, FL 34957

FILED  
05 MAY -6 PM 4:16  
STATE  
TALLAHASSEE, FLORIDA  
REINSTATEMENT 04-05

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02252005

REIN-P

CR2E098 (6/04)

4. FEL Number

20-0163572

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THOMAS, TONIANN  
541 NW PINESAP WAY  
JENSEN BEACH, FL 34957

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
P  
THOMAS, TONIANN  
541 NW PINESAP WAY  
JENSEN BEACH, FL 34957

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
000055572770  
06/01/05--01036--002 \*\*300.00

☐ Change ☐ Addition

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CITY- ST- ZIP

☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Toniann Thomas*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/2/05

Daytime Phone #