

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 FEB 11 AM 9:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000102646

1. Corporation Name

A & A Wigs, Hairpiece Supplies, Corp

REINSTATEMENT

04/05

2. Principal Office Address

3167 St. Johns Bluffs
Suite, Apt. #, etc.
Suite 102

3. Mailing Office Address

Same
Suite, Apt. #, etc.
Same

City & State

Jacksonville Florida

City & State

Same

Zip
32246

Country

Duval

Zip

Same

Country

Same

4. Date Incorporated or Qualified
To Do Business in Florida

Nov. 04

5. FEI Number

#EID 113186922

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

Arlene Gimbel Price

Street Address (P.O. Box is acceptable)

3167 St. Johns Bluff Rd South

Suite, Apt. #, Etc.

Jacksonville Fl

City

Suite 102

State

FL

Zip Code

32246

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

Arlene Gimbel Price

REGISTERED AGENT MUST SIGN

Date

1/4/05

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
<u>President</u>	<u>Arlene Gimbel Price</u>	<u>3167 St. Johns Bluff Rd South</u>	<u>Jacksonville FL 32246</u>

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 under section 119.07(3)(i), 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:

Arlene Gimbel Price

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/05

Date

904 998/444

Daytime Phone #

CR2001 (01/04)