

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 FEB 15 PM 3:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08-10

DOCUMENT # P03000142448

1. Corporation Name

INTERNANTIONAL HAIR SALON CORP

REINSTATEMENT

CR2E081 (11/09)

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

9831 BEACH BLVD

Suite, Apt. #, etc.

5

City & State

JACKSONVILLE, FL.

Zip

32246

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/01/2003

5. FEI Number
56-2420141

☐ 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

ODALYS ESTUPINAN

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

1115 MORNING LIGHTS RD

Suite, Apt. #, Etc.

City

JACKSONVILLE

State

FL

Zip Code

32218

☒ 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

Odalys Estupinan
REGISTERED AGENT MUST SIGN

Date **2/10/10**

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	ODALYS ESTUPINAN	1115 MORNING LIGHTS RD	JACKSONVILLE, FL. 32218
		M. MILLIGAN EXAMINER	600168793756 02/15/10--01034--011 **450.00
		FEB 16 2010	

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:

Odalys Estupinan

ODALYS ESTUPINAN

02/10/2010

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #