

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 DEC -1 PM 12:34

DOCUMENT # P04000010537

1. Corporation Name

MARICELA D.M. HAIR DESIGN CORP

100163210761
12/01/09--01016--008 **300.00

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

11166 W Flagler St

Suite, Apt. #, etc.

3. Mailing Office Address

11166 W Flagler St

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

Zip

33174

Country

USA

Zip

33174

Country

USA

CR2E081 (11/09)

4. Date Incorporated or Qualified
To Do Business in Florida

01/07/2004

5. FEI Number
200610145

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

Maricela Montes

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

11166 W Flagler St

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33174

☒ 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 **11/24/2009**

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
DPT	Marisela Montes	10857 SW 229 St	Miami, FL 33170
DVS	Daniel Montes	10857 SW 229 St	Miami, FL 33170

08-09 B 11/2/09

10. E-mail Address: **maricelaydaniel@hotmail.com**

(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:

DPT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/24/2009 305-229-8048

Date

Daytime Phone #