

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2006 NOV 15 AM 9:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 904000058552

1. Corporation Name
SHORT CUTS HAIR SALON, INC

REINSTATEMENT 06

2. Principal Office Address
1801 Palm Bch Lakes

3. Mailing Office Address
4304 Heath Dr.

Suite, Apt. #, etc.
#744

Suite, Apt. #, etc.
FL

City & State
W. Palm Beach

City & State
West Palm Bch, FL

Zip
33401

Country
USA

Zip
33407

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

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
ALPHONSO BRAT

Street Address (P.O. Box Number is Not Acceptable)
4304 Heath Circle South

Suite, Apt. #, Etc.

City
W. Palm Bch

State
FL

Zip Code
33407

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 Alphonso Brat

Date 11/8/06

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
P	ALPHONSO BRAT	4304 Heath DR. S.	WPB, FL 33407
VP	KATHY MOORE	5891 Dewberry Way	WPB, FL 33407

11/15/06--01055--012 **61.25

11/15/06--01055--013 **88.75

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:

Alphonso Brat

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/8/06

Date

(560)255-0325

Daytime Phone #

11/17 ad