

2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED

09 MAR -3 AM 9:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000072350

1. Entity Name
HAGGIS HAIR, INC.



Principal Place of Business
2310 EDGEWATER DR
ORLANDO, FL 32804

Mailing Address
2310 EDGEWATER DR.
ORLANDO, FL 32804

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt #, etc.

Suite, Apt #, etc.

City & State

City & State

Zip

Country

Zip

Country



REINSTATEMENT 02252009 REPAIR 052E098 (1/07) 08-09

4. FEI Number

75-3160724

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

SHEEHAN, MICHAEL J
2310 EDGEWATER DR.
ORLANDO, FL 32804

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 VP
NAME SHEEHAN, DEBBIE
STREET ADDRESS 659 PARK LANE
CITY-STATE-ZIP ORLANDO, FL 32804 ☐ Delete

TITLE VP
NAME DEBBIE SHEEHAN
STREET ADDRESS 659 PARK LAKE ST
CITY-STATE-ZIP ORL FL 32803 ☒ Change ☐ Addition

TITLE P
NAME SHEEHAN, MICHAEL J
STREET ADDRESS 659 PARK LANE
CITY-STATE-ZIP ORLANDO, FL 32804 ☐ Delete

TITLE P
NAME MICHAEL J SHEEHAN
STREET ADDRESS 659 PARK LAKE ST
CITY-STATE-ZIP ORL FL 32803 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/25/09 407-616-6629
Date Daytime Phone #

2/4/09