

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 FEB 17 PM 12:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000028610

1. Corporation Name

DESSENCE HAIR STUDIO, INC.

~~W09600003586~~

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

805 S. KIRKMAN RD

Suite, Apt. #, etc.

203

City & State

ORLANDO, FL

Zip

32811

Country

USA

3. Mailing Office Address

7249 MADISON CIRCLE

Suite, Apt. #, etc.

City & State

UNION CITY

Zip

30291

Country

USA

REINSTATEMENT 06-09

4. Date Incorporated or Qualified
To Do Business in Florida 02/18/2005

5. FEI Number
42-1659685

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

DESHONICA K. GREEN

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

805 S. KIRKMAN RD

Suite, Apt. #, Etc.

SUITE 203

City

ORLANDO, FL

State

FL

Zip Code

32811

☒ 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

Deshonica K. Green

Date 12.19.08

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
PD	DESHONICA K GREEN	7249 MADISON CIRCLE	UNION CITY, GA 30291
			SUM 140670245 02/17/09--01005--014 **158.75
			SUM 140670245 01/14/09--01042--022 **450.00
			INSTANT REINSTATEMENT 06-09

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:

Deshonica K. Green

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12.19.08

Daytime Phone #

678.988.7084