

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 FEB 23 PM 12: 56

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000068438

1. Corporation Name

Kenya's Hair & Nails Salon, Inc.

600089981676
03/02/07--01003--030 **300.00

REINSTATEMENT 06-07

CR2E081 (1/07)

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

2029B N Dixie Hwy

3. Mailing Office Address

216 NW 11St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Pompano Bch

City & State

Pompano Bch

Zip

33060

Country

USA

Zip

33060

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

05/6/2005

5. FEI Number

43-2083075

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
Kenya Williams-Smith

Street Address (P.O. Box Number is Not Acceptable)
216 NW 11 St

Suite, Apt. #, Etc.

City
Pompano Bch

State
FL

Zip Code
33060

☒ 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

Kenya Williams-Smith
REGISTERED AGENT MUST SIGN

Date **02/19/2007**

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	Kenya Williams-Smith	216 NW 11 St	Pompano Bch, FL 33060

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:

Kenya Williams-Smith
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/19/2007

Date

407-297-3700

Daytime Phone #