

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT #.P06000009786

1. Entity Name
CLASSICAL HAIR CARE INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 JUL -2 PM 2:34

Principal Place of Business
70 W LUCERNE CIRCLE
ORLANDO, FL 32801

Mailing Address
70 W LUCERNE CIRCLE
ORLANDO, FL 32801

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

70 W LUCERNE CIRCLE
Suite, Apt. #, etc.

3. Mailing Address

1109 MONROE AVE
Suite, Apt. #, etc.



03172008

REIN-P

CR2E098 (1/07)

City & State

ORLANDO

City & State

ST. CLOUD FL.

4. FEI Number

20-4190419

Applied For

Not Applicable

Zip

32801

Country

ORANGE

Zip

34769

Country

OSCEOLA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BUCCI, ANGEL B
70 W LUCERNE CIRCLE
ORLANDO, FL 32801

7. Name and Address of New Registered Agent

Name ANGEL BUCCI
Street Address (P.O. Box Number is Not Acceptable)
1109 MONROE AVE
City ST CLOUD FL Zip Code 34769

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 Angel Bucci

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

TITLE PD ☐ Delete
NAME BUCCI, ANGEL B
STREET ADDRESS 70 W LUCERNE CIRCLE
CITY-ST-ZIP ORLANDO, FL 32801

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME 400123933084
STREET ADDRESS 04/17/08--01049--009 **300.00
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME B 7/2/08
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME 07-08
STREET ADDRESS
CITY-ST-ZIP

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

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

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: Angel Bucci

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 6-28-08 Daytime Phone #