

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

15 JUL 14 PM 2:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P09000076568

1. Corporation Name

Studios 23 Hair & Nails Inc

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

1969 Ancient Oak Dr.

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Ocoee FL

Zip

34761

Country

Orange

City & State

Zip

34761

Country

CR2E081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

300485154

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

Zandra D Wingster

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

1969 Ancient Oak Dr

Suite, Apt. #, Etc.

0

City

Ocoee

State

FL

Zip Code

34761

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

Zandra D Wingster

REGISTERED AGENT MUST SIGN

Date

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
VP	Xavier S Wingster	1969 Ancient Oak Dr	Ocoee FL 34761
P	Zandra Wingster	1969 Ancient Oak Dr	Ocoee FL 34761

**REINSTATEMENT**

Zandra D Wingster

10. E-mail Address:

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Zandra D Wingster

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #