

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2024 AUG 13 PM 12:16

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

700434700807

CR2E081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

83-1482601

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

Devon Nola

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

700 NE 18th Ave.

Suite, Apt. #, Etc.

City  
Ft Lauderdale

State  
FL

Zip Code  
33304

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

REGISTERED AGENT MUST SIGN

Date 08-07-2024

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Titles | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip      |
|--------|--------------------------------------|---------------------------------------------------|-------------------------|
| Pres   | Devon A. Nola                        | 700 NE 18th Ave                                   | Ft Lauderdale, FL 33304 |
|        |                                      |                                                   |                         |
|        |                                      |                                                   |                         |
|        |                                      |                                                   |                         |
|        |                                      |                                                   |                         |
|        |                                      |                                                   |                         |

A. PARISHANI  
AUG 13 2024

10. E-mail Address: devon.nola@gmail.com

(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

954.224.2417

Date

Daytime Phone #

**FLORIDA FILING & SEARCH SERVICES, INC.**

**P.O. BOX 10662 TALLAHASSEE, FL 32302  
155 Office Plaza Dr Ste A Tallahassee FL 32301  
PHONE: (800) 435-9371; FAX: (866) 860-8395**

---

**DATE: 08/12/2024**

**NAME: HAIR EXTENSIONS NYC, INC.**

**TYPE OF FILING: REINSTATEMENT**

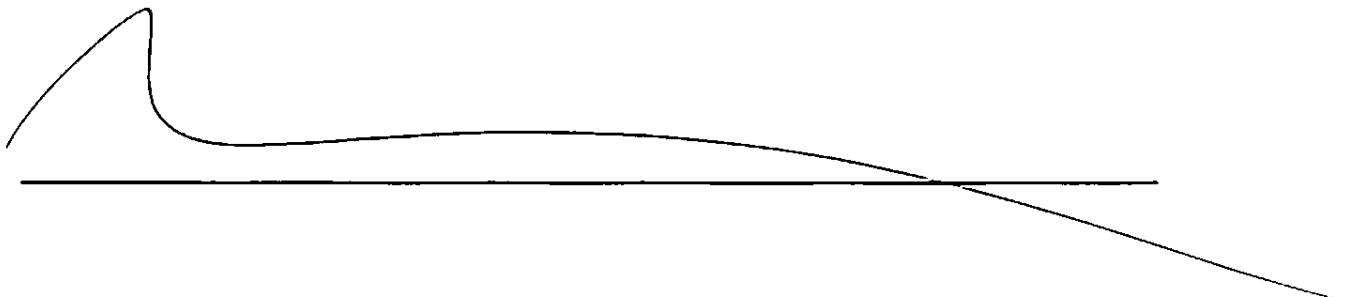
**COST: \$900.00**

**RETURN: PLAIN COPY PLEASE**

**ACCOUNT: FCA000000015**

**AUTHORIZATION: ABBIE/PAUL HODGE**

**RECEIVED**  
**2024 AUG 13 AM 10:07**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**



---