

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 NOV 12 PM 2:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P92000001295

1. Corporation Name

LORRAINE'S HAIR DESIGN, INC.

REINSTATEMENT 04

2. Principal Office Address

1208 OLD STICKNEY PT. RD.

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SARASOTA FLORIDA

City & State

Zip

34242

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12-92

5. FEI Number

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

LORRAINE BENNETT

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

1208 OLD STICKNEY PT. RD.

Suite, Apt. #, Etc.

City

SARASOTA

State
FL

Zip Code

34242

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

Lorraine Bennett

REGISTERED AGENT MUST SIGN

Date

11-9-04

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
PRESIDENT	LORRAINE BENNETT	1208 OLD STICKNEY PT RD	SARASOTA FL 34242

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 under section 119.07(3)(i), 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:

Lorraine Bennett

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-9-04

Daytime Phone #

941 346-7206

CF2ED81 (01/04)

11-9-04

To whom it Concerns,

Enclosed please find my renewal application completed and my renewal check for \$130.00. I had not received prior notice for renewal.

Thank you,

Doraine Barnett, Pres.

Bertrine's Hair Design, Inc.