

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 APR 27 PM 3:00
TALLAHASSEE

DOCUMENT #

1. Corporation Name

Gator's Hair Care Inc

500074527615

05/12/06--01025--017 **1350.00
CR2E081 (12/05)

2. Principal Office Address

5438 Dogwood Dr

Suite, Apt. #, etc.

City & State

Milton, FL

Zip
32570

Country
US

3. Mailing Office Address

5438 Dogwood Dr

Suite, Apt. #, etc.

City & State

Milton, FL

Zip
32570

Country
US

4. Date Incorporated or Qualified
To Do Business in Florida

5/27/1993

5. FEI Number

59-3185243

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

Tanya E Phillips

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

6255 Hwy 90

Suite, Apt. #, Etc.

City

Milton

State

FL

Zip Code

32570

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

Tanya E. Phillips

REGISTERED AGENT MUST SIGN

Date

3/27/06

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
P	Arthur Hamm	5401 Woodbine Rd	Pace, FL 32571
V	Sheila Hamm	5401 Woodbine Rd	Pace, FL 32571

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:

Sheila Hamm
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/20/06

Daytime Phone #

850 623-3183