

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortimer
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

1998 FEB -9 AM 11:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 903000052017

1. Corporation Name

HAIR 'N Place CORP.

Principal Place of Business

18333 NW 42 AVE
MIAMI, FL 33055

Mailing Address

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

18333 NW 42 AVE

Suite, Apt. #, etc.

3. New Mailing Address, If Applicable

18333 NW 42 AVE

Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

7/23/93

5. FEI Number

65-0455259

Applied For

Not Applicable

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33055

Country

DADE

Zip

33055

Country

DADE

CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PRES.	TALBERTE	245 NE 151 ST	MIAMI FL 33162
Sec	LINWOOD	MIAMI, FL 33162	MIAMI, FL 33162
TREAS	LINWOOD, YOLETTE	245 NE 151 ST	MIAMI, FL 33162
		MIAMI FL 33162	33162
			400002428954--4
			-02/12/98--01069--003
			***1008.75 ***1008.75
			REINSTATEMENT
			400002428954--4
			-02/12/98--01069--004
			***245.00 ***245.00

8. Name and Address of Current Registered Agent

YOLETTE LINWOOD
245 NE 151 ST
MIAMI, FL 33162

9. Name and Address of New Registered Agent

Name YOLETTE LINWOOD
Street Address (P.O. Box Number is Not Acceptable)
245 NE 151 STREET
Suite, Apt. #, Etc.
City MIAMI State FL Zip Code 33162

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

YOLETTE LINWOOD

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-02/12/98--01069--005

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

***105.00 ***105.00

(See other side for information
on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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. 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:

YOLETTE LINWOOD Sec/Treas 12/11/97 770-0774

CR204K(12/95)