

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 APR 10 AM 7:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000052047**

1. Corporation Name

HAIR IN PLACE CORP.

2. Principal Office Address

151 NE 150TH ST

Suite, Apt. #, etc.

City & State

N. MIAMI, FLORIDA

Zip

33161

Country

U.S.

3. Mailing Office Address

151 NE 150TH

Suite, Apt. #, etc.

City & State

N. MIAMI, FLORIDA

Zip

33161

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

7/23/93

5. FEI Number

65-0455259

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

YOLETTE LINWOOD

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

151 NE 150TH ST

Suite, Apt. #, Etc.

City

N. MIAMI

State

FL

Zip Code

33161

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 **X**

Yollette Linwood

REGISTERED AGENT MUST SIGN

Date

4/7/03

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
A	TALBERT E LINWOOD	151 NE 150TH ST	NORTH MIAMI, FL 33161
ST	YOLETTE LINWOOD	151 NE 150TH ST	NORTH MIAMI, FL 33161

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: **X**

Yollette Linwood

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/03 (305)7877340

Date

Daytime Phone #

CR2E081 (10/02)

Florida Department of State
Secretary of State
Division of Corporations
Corporate Reinstatement

Reference: Hair 'N Place Corp. Document #P93000052047
Corporation Profit Annual Report
2001, 2002 and 2003

Taxpayer's Assistance:

We would like to have the above corporation reinstated. We had moved and never received any of the annual reports. We are enclosing our check which includes \$150.00 for each of the years not filed, including this year, which totals \$450.00.

Please reinstate our corporation to active status.

Thanking you in advance.

Sincerely yours,
Talbert E. Linwood

Hair 'N Place Corp.
President