

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED  
AND  
FILED

142

CORPORATION

REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 MAR 24 AM 8:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **PP4000021207**

1. Corporation Name

**DIAMOND + PEARLS HAIR SALON, INC.**

**2002-2003 UBR**

**300014559033**

03/24/03--01036--016 \*\*300.00

2. Principal Office Address

**449 IOWA AVENUE**

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**FT. LAUDERDALE, FL**

City & State

Zip

Country

Zip

**33312**

Country

**BROWARD**

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

**65-0475873**

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

**GWENDOLYN BENNETT**

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

**449 IOWA AVENUE**

Suite, Apt. #, Etc.

City

**FORT LAUDERDALE**

State

**FL**

Zip Code

**33312**

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

Date

REGISTERED AGENT MUST SIGN

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
D	GWENDOLYN BENNETT	449 IOWA AVENUE	FORT LAUDERDALE, FL 33312
D	LEROY BENNETT	449 IOWA AVENUE	FORT LAUDERDALE, FL 33312

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:

**Gwen Bennett**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E031 (10/02)

3-19-03 ~~2~~ ~~2~~

To The Department of Corporations  
I Gwen Bennett Corp Diamond & Pearls  
Hair Salon Inc.

Writing this letter that I did not  
receive my Renewal forms for 2002.

I spoke a representer and was told  
to send a check for \$150.00 and a letter  
and I did so and I receive a letter  
Back that the fee was waived.

So one's ~~ago~~ again I did not receive  
a form <sup>for</sup> 2003. I am sending  
my document and reinstatement  
forms and I was told to send  
a check for \$300.00

Thank You

Gwen Bennett  
Corp of  
Diamond Pearls  
Hair Salon  
Inc.