

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION**  
**REINSTATEMENT**

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



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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P940000046754

1. Corporation Name

THE INDIVIDUAL HAIR STUDIO, INC.

Principal Place of Business

Mailing Address

1220 HWY A1A  
Suite 6

INDIALANTIC, FL 32903

**97AR**

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

2. New Principal Office Address, If Applicable <u>SAME AS ABOVE</u> Suite, Apt. #, etc.		3. New Mailing Office Address, If Applicable <u>SAME AS ABOVE</u> Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida	
City & State		City & State		5. FEI Number <u>593255357</u>	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> <b>\$8.75 Additional Fee required for a Certificate of Status</b>	

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.	PATRICIA A. AGRUSO	205 HARBOUR DR. W.	INDIAN HARBOUR BCH FL. 32937

300002364433--6  
-12705797-01082-018  
\*\*\*\*165.00 \*\*\*\*165.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PATRICIA A. AGRUSO  
205 HARBOUR DR. W.  
INDIAN HARBOUR BCH,  
FL. 32937

Name

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

Suite, Apt. #, Etc.

City

State  
**FL**

Zip Code

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

Patricia Agruso

REGISTERED AGENT MUST SIGN

Date

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

(See other side for information on intangible tax.)

12. 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:

Patricia Agruso

PATRICIA A. AGRUSO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/25/97

Date

407-723-3641

Daytime Phone #

407-773-1604

CR2500 (12/96)

November 25, 1997

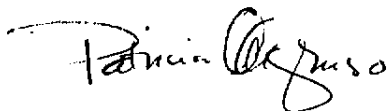
To Whom It May Concern:

I am writing this letter to be reinstated. I did not receive any papers to sign this year. Upon calling your office, the person I talked to told me that papers had been sent to my salon twice and returned twice. The address is the same. I have not moved to a new location.

Please reinstate me. I did not know that my corporation would be dissolved. My accountant takes care of any business concerning the corporation. By the way, I am in the process of finding a new accountant!

I am sending you a check for \$165.00 and hope that this problem will be resolved. If you have any questions, please call me at 407-723-3641 or 407-773-1604. Thank you for your help.

Sincerely,

A handwritten signature in cursive script, appearing to read "Patricia A. Agruso".

Patricia A. Agruso