

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC 30 PM 5:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 994000056008

1. Corporation Name

HAIR CURRENTS, INCORPORATED

2. Principal Office Address

4174 SOUTH ATLANTIC AVE.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NEENSHYRNA BEACH, FL

City & State

SAME

Zip

32169

Country

USA

Zip

SAME

Country

4. Date Incorporated or Qualified
To Do Business in Florida

JANUARY 6TH 1995

ARTICLES OF AMENDMENT

5. FEI Number

59-3257681

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT

03

7. Name and Address of Current Registered Agent

Name

MARGARETA C. LOYD

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

2808 UMBRELLA TREE DRIVE

Suite, Apt. #, Etc.

800026976648

01/14/94-01065-033 **125.00

City

EDGEWATER

State

FL

Zip Code

32141

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

Margareta C Loyd

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
<u>P</u>	<u>MARGARETA C LOYD</u>	<u>2808 UMBRELLA TREE</u>	<u>EDGEWATER, FL 32141</u>
<u>T</u>	<u>11</u>	<u>11</u>	<u>11</u>
<u>S</u>	<u>11</u>	<u>11</u>	<u>11</u>
<u>V</u>	<u>11</u>	<u>11</u>	<u>11</u>

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:

Margareta C Loyd

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-26-03

Date

386-424-0822

Daytime Phone #

CR2E081 (10/02)

163

2082

December 26th, 2003

Hair Currents, Incorporated
4174 South Atlantic Avenue
New Smyrna Beach, Florida 32169

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Dear Sir or Madam,

I would like to request reinstatement for Hair Currents, Incorporated and that the late fee of \$ 600.00 dollars be waived, since I did not receive the annual report form for the year 1996 or after.

Thank you for your consideration. Enclosed please find the completed application for reinstatement and a check in the amount of \$ 1265.00.


Margareta C. Loyd
President