

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 JUN 11 AM 8:12

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000056008

1. Corporation Name

HAIR CURRENTS, INCORPORATED

2. Principal Office Address - No P.O. Box #

4174 S. ATLANTIC

Suite, Apt. #, etc.

3. Mailing Office Address

2808 UMBRELLA TREE

Suite, Apt. #, etc.

City & State

NEW SMYRNA BEACH

Zip

32169

Country

FLA
VOLUSIA

City & State

EDGEWATER, FL

Zip

32141

Country

VOLUSIA

REINSTATEMENT 05-07

CR2E081 (1/07)

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

1994

5. FEI Number:

593257681

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

MARGARETA C LOYD

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

2808 UMBRELLA TREE

Suite, Apt. #, Etc.

City

EDGEWATER

State

FL

Zip Code

32141

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Margaret C Loyd
REGISTERED AGENT MUST SIGN

Date 6-7-07

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
PRES	MARGARETA C LOYD	2808 UMBRELLA TREE	EDGEWATER, FL 32141
TREAS	"	"	"
SECRETARY	"	"	"

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06/11/07--01048--011 **458.75

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 contained in Chapter 119, 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:

Margaret C Loyd
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6-7-07 386424-0822

Daytime Phone #