

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

AND
FILED

00 MAY -4 PM 12:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P 94000071585

1. Corporation Name

Luis Hair Design, INC.

2. Principal Office Address

7700 WEST 24 AVE.

3. Mailing Office Address

7700 W 24 Ave

Suite, Apt. #, etc.

SUITE 10

Suite, Apt. #, etc.

Suite 10

City & State

HIDLESH. FLORIDA

City & State

Tallahassee FL

Zip

33016

Country

Zip

Country

33016

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0523439

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

MAGDALENO A. FERNANDEZ.

200003255882

-05/17/00--01067--

****400.00 ****400.00

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

14755 SW 36 ST.

200003255882

-05/17/00--01067--

****500.00 ****500.00

Suite, Apt. #, Etc.

City

MIDN.

State

FL

Zip Code

33185

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 5/3/00

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

PRESIDENT

MAGDALENO A.
FERNANDEZ.

14755 SW 36 ST.

MIDN. FL 33185

REINSTATEMENT

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/3/00 (305) 484 0645

Daytime Phone #