

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT

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

FILED

99 JAN -4 AM 11:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P94000075815

1. Corporation Name

EARL-OWENS, INC.

Principal Place of Business

34 NE 167TH ST  
NORTH MIAMI BEACH FL 33162

Mailing Address

34 NE 167TH ST  
NORTH MIAMI BEACH FL 33162

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

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

10/17/1994

5. FEI Number

65-0527512

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

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
D	OWENS, RICHMOND	1481 NE 151ST TER	NORTH MIAMI BEACH FL 33162
D	HIBBERT, LINDA	1481 NE 151ST TER	NORTH MIAMI BEACH FL 33162

4000002735924-5  
-01/11/99-01011-018  
\*\*\*\*150.00 \*\*\*\*150.00

8. Name and Address of Current Registered Agent

HUDSON, NORMA  
12210 N.W. 17 CT  
MIAMI FL 33167

9. Name and Address of New Registered Agent

Name ANDREA WEBLEY, ESQUIRE  
Street Address (P.O. Box Number is Not Acceptable)  
3600 S. STATE ROAD 7  
Suite, Apt. #, Etc. SUITE 241  
City MIRAMAR  
State FL Zip Code 33023

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

*Andrea Webley*  
REGISTERED AGENT MUST SIGN

Date 12/29/98

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

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)(f), 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

*Richard D. Cooper*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/29/98 305  
944-6810

CR2E040 (9/95)

(2)

12-11-98

Division of Corporations  
Annual Report/Reinstatement Section  
P.O. Box 6327  
Tallahassee, FL 32314-6327

Dear Sir:

I am writing to notify you that  
Nath's Hair Salon never received  
a Notice of Administrative Dissolution  
or Revocation. On December 10, 1998  
I called and spoke with a representative  
and was informed that the Notice  
would be waived and I was to  
send in my payment. I am  
enclosing with this letter the  
requested payment.

Sincerely

Earl Owens Inc.