

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

REINSTATEMENT

*ORUBA*

FILED

02 OCT 30 PM 4:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P94000077713

1. Corporation Name

DOREEN UNISEX SALON INCORPORATED

Principal Place of Business

Mailing Address

20709 NW 2 AVENUE  
MIAMI FL 33169

20709 NW 2 AVENUE  
MIAMI FL 33169

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

10/21/1994

5. FEI Number

65-0491419

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	4 City / State / Zip
PSD	HENDRICKS, DOREEN	20709 NW 2 AVENUE	MIAMI FL 33169
VTD	HENDRICKS, GLADSTONE	20709 NW 2 AVENUE	MIAMI FL 33169

3000008713163  
10/30/02--01116--027 \*\*150.00

*Handwritten signature/initials*

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HENDRICK, GLADSTONE  
20709 NW 2 AVENUE  
MIAMI FL 33169

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

CR2E040 (8/02)

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. or 617.0505, F.S.

Signature of Registered Agent

*Signature of Gladstone Hendricks*  
SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/24/02

11. 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 of Gladstone Hendricks*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

October 23, 2002  
Division Of Corporation  
Tallahassee, Fl. 32314

Ref:Doreen Unisex Salon Inc.

Sirs,

I am in receipt of Notice of Dissolution of my corporation today which surprises me as I never received any prior forms to renew the corporation. There has been problems with my mail delivery as many times my mail is delivered to the wrong house.

I respectfully request a dispensation on this dissolution and allow me to pay the \$150.00 (enclosed) to renew my corporation.

Thanking you for your cooperation in this matter.

Sincerely,

Doreen Hendricks

