A DI		PLEASE READ				BEFORE O	)	NG THIS FOI	RM. You
FOR				Katherine Harris Secretary of State VISION OF CORPORATIONS			FILED		
	JMENT		<del></del>	<del></del>	CORPORA	ATIONS	00	OCT 20 AM S	9: 57
Continental Colffures, Inc.						SECRETARY OF STATE TALLAHASSEE, FLORIDA			
incipal Place of Business Mailing Address							* To	•	
831 9TH ST NORTH 1831 9TH ST NAPLES FL 34102 NAPLES FL 31102 US									
f above addresses are incorrect in any way, line through incorrect in New Principal Office Address, If Applicable								prated or Qualified less in Florida	
Jite, Apt. #, etc.       Suite, Apt. #, H4         ty & State       City & State				etc.			5. FEI Number		01/09/1995  Applied For Not Applicable
NA			NAPLES	PLES, FL			6. CERTIFICATE	OF STATUS DESIRED	\$8.75 Additional Fee require
Names and Street Addresses of Each Officer and/or Director (Flori Name of Officers and/or Directors					ida nonprofit corporations must list at least 3 directors)  Street Address of Each Officer and/or Director			City / State / Zip	
D	HERZOG, ANICA			3629 N TAMIAMI TRAIL			<del>-                                    </del>	NAPLES FL 33940	
·					200003457362- -11/08/000106201 ****150.00 ****150				73524  01062011  00 ****150.00
									e
	R Nam	e and Address of Current	Registered Age	ent	<del></del> -		9 Name and A	Address of New Regis	tered Agent
	<del></del>	d this reality of our site	. rogiotorea rigi			Name	g. Halito and y		
HERZOG, ANICA 1831 9TH ST NORTH NAPLES FL 34102						Street Address (P.O. Box Number is Not Acceptable) 3200 BINNACLE DR Suite, Apt. #, Etc. H4			
Make						City State Zip Code NAPLES FL 34103			
gnature d	of 🗸 /	Multer	38Q	GENT MUST	100	and accept the c	bligations of Secti	on 607.0505, F.S.  Date	7/00
). I certify this reir owed b	that I am an onstatement apply the corporat	officer or director or the receiplication, the reason for diss	iver or trustee er olution has been names of individ	npowered to eliminated duals listed	o execute the corporation this form	ate name satisfies I do not qualify for	s the requirements ran exemption und	upter 607 or 617, F.S. I of section 607,0401 or	further certify that when filing 617.0401, F.S., that all fees , F.S. The information indicated

SIGNATURE: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR ANICA HERZOG

10/17/00
Date Daylime Phone #

Car

## CONTINENTAL COIFFURES, INC, 1831 9<sup>TH</sup> ST NORTH NAPLES, FL 34102

October 17, 2000

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

Re: Document #P95000002910

With reference to the above Document, I am in receipt this date the Certificate of Administrative Dissolution or Revocation.

My accountant called the State and was told that the State received my check (number 1939) with my Annual Report but both were returned to me because the check was not made out to the State. As of this date my check number 1939 is still outstanding and as of this date I have not received the check or Annual Report which you state was returned to me.

I do not have \$750.00 to reinstate my corporation but, due to the above circumstances, I am sending \$150.00 to the Florida Department of State and request that my corporation be reinstated.

Thank you.

Sincerely,

Anica Herzog

Enc.