APPLICATION FOR REINSTATEMENT

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

APPROVED AND FILED

96 DEC 31 PM 4:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000020566

1. Corporation Name

Afro American Beauty Store, Inc

Principal Place of Business	Mailing Address
1563 Nova Road Holly Hill, FL 32117	1563 Nova Road Holly Hill, FL 32117

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: 3-13-95

5. FEI Number: 59-3302818 — Applied For ☐ Not Applicable ☐

6. CERTIFICATE OF STATUS DESIRED ☐

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
P,VP,S	Risolene D. Fernandes	1563 Nova Rd	Holly Hill, FL 32117

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-01/06/97--01004--022
****375.00 ****375.00

REINSTATEMENT 946
A. Dean
12/31/96

8. Name and Address of Current Registered Agent

Risolene D. Fernandes
1563 ~~Holly Hill~~, Nova Road
Holly Hill, FL 32117

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box number is Not Acceptable)
Suite, Apt. #, Etc.
City / State / Zip Code

CR2E040 (7/96)

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: Risolene D. Fernandes — Date: 12/30/96
REGISTERED AGENT SIGNATURE

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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 the 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: Risolene D. Fernandes — 12/30/96 — 904-2386977
SIGNATURE(S) AND TYPED OR PRINTED NAME OF OFFICER(S) OR DIRECTOR — Date — Daytime Phone #