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
96 NOV -4 AM 9:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000023549**

1. Corporation Name

ALTERNATIVE BEAUTY CONCEPTS, INC.

Principal Place of Business	Mailing Address
2036 NE 30TH ST. FT. LAUDERDALE FL 33306	2036 NE 30TH ST. FT. LAUDERDALE FL 33306

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

REINSTATEMENT 96

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: 03/23/1995

5. FEI Number: ☑ 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
DP	KLINE, KERRY D	2036 NE 30TH ST.	FT. LAUDERDALE FL 33306
V	GREGOREK, WILLIAM F	2036 NE 30TH ST.	FT. LAUDERDALE FL 33306

400002000764--3
-11/08/96--01090--007
****375.00 ****375.00

JBL 11-7-96

8. Name and Address of Current Registered Agent

GREGOREK, WILLIAM F
2036 NE 30TH ST.
FT. LAUDERDALE FL 33306

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City | State: FL | Zip Code

CR2E040 (7/95)

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: /s/ William F Gregorek SIGNATURE REQUIRED — Date

REGISTERED AGENT MUST SIGN

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 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: /s/ Kerry D Kline SIGNATURE REQUIRED 10/31/96 305 563 0270

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Form **SS-4**
(Rev. December 1995)
Department of the Treasury
Internal Revenue Service

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

FTN

OMB No. 1545-0003
Expires 12-31-98

Please type or print clearly.

1 Name of applicant (Legal name) (See instructions.)
ALTERNATIVE BEAUTY CONCEPTS, INC.

2 Trade name of business, if different from name in line 1

3 Executor, trustee, "care of" name
KERRY D. KLINE

4a Mailing address (street address) (room, apt., or suite no.)
2036 N.E. 30TH ST

5a Business address, if different from address in lines 4a and 4b

4b City, state, and ZIP code
FT. LAUDERDALE FL. 33306

5b City, state, and ZIP code

6 County and state where principal business is located
BROWARD, FLORIDA

7 Name of principal officer, general partner, grantor, owner, or trustor—SSN required (See instructions.) ▶
KERRY D. KLINE 217-80-5840

8a Type of entity (Check only one box.) (See instructions.)

- ☐ Sole Proprietor (SSN) _____
- ☐ REMIC
- ☐ Personal service corp.
- ☐ State/local government
- ☐ National guard
- ☐ Other nonprofit organization (specify) _____ (enter GEN if applicable) _____
- ☐ Other (specify) ▶ _____
- ☐ Estate (SSN of decedent) _____
- ☐ Plan administrator-SSN _____
- ☒ Other corporation (specify) DISTRIBUTION
- ☐ Federal government/military
- ☐ Trust
- ☐ Partnership
- ☐ Farmers' cooperative
- ☐ Church or church controlled organization

8b If a corporation, name the state or foreign country (if applicable) where incorporated ▶ State: FLORIDA | Foreign country:

9 Reason for applying (Check only one box.)

- ☒ Started new business (specify) ▶ DISTRIBUTION
- ☐ Hired employees
- ☐ Created a pension plan (specify type) ▶ _____
- ☐ Banking purpose (specify) ▶
- ☐ Changed type of organization (specify) ▶ _____
- ☐ Purchased going business
- ☐ Created a trust (specify) ▶ _____
- ☐ Other (specify) ▶

10 Date business started or acquired (Mo., day, year) (See instructions.)
10/31/96

11 Enter closing month of accounting year. (See instructions.)
DECEMBER

12 First date wages or annuities were paid or will be paid (Mo., day, year). Note: *If applicant is a withholding agent, enter date income will first be paid to nonresident alien.* (Mo., day, year) ▶ 6/1/97

13 Enter highest number of employees expected in the next 12 months. Note: *If the applicant does not expect to have any employees during the period, enter "0."* ▶	Nonagricultural	Agricultural	Household
	0	0	0

14 Principal activity (See instructions.) ▶ DISTRIBUTION OF WHOLESALE BEAUTY SUPPLIES

15 Is the principal business activity manufacturing? ☐ Yes ☒ No
If "Yes," principal product and raw material used ▶

16 To whom are most of the products or services sold? Please check the appropriate box.
☒ Public (retail) ☐ Business (wholesale) ☐ Other (specify) ▶ ☐ N/A

17a Has the applicant ever applied for an identification number for this or any other business? ☐ Yes ☒ No
Note: *If "Yes," please complete lines 17b and 17c.*

17b If you checked the "Yes" box in line 17a, give applicant's legal name and trade name shown on prior application.
Legal name ▶ Trade name ▶

17c Enter approximate date, city, and state where the application was filed and the previous employer identification number if known.
Approximate date when filed (Mo., day, year) | City and state where filed | Previous EIN

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete. | Business telephone number (include area code)

Name and title (Please type or print clearly.) ▶ KERRY D. KLINE | 954-563-0270

Signature ▶ Kerry D. Kline | Date ▶ 10/31/96

Note: *Do not write below this line. For official use only.*

Please leave blank ▶	Geo.	Ind.	Class	Size	Reason for applying