

102
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 MAY -7 AM 8:00

DOCUMENT # 995000036497

1. Corporation Name

SNIP N' CURL INC.

2. Principal Office Address

2459-61 NW 40th

Suite, Apt. #, etc.

3. Mailing Office Address

4340 NW 6th

Suite, Apt. #, etc.

City & State

LAUDERHILL, FL 33313

City & State

PLANTATION, FLORIDA

Zip

33313

Country

BROWARD

Zip

33317

Country

BROWARD

REINSTATEMENT 98-04

4. Date Incorporated or Qualified
To Do Business in Florida

5-16-1995 MKS

5. FEI Number

65-0589380

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$875 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

MICHAEL MCCAIA

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

4340 NW 6th

Suite, Apt. #, Etc.

City

PLANTATION

State

FL

Zip Code

33317

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date 5-4-04

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRESIDENT	SHENNA MCCAIA	4340 NW 6th	PLANTATION, FL 33317
VICE PRESIDENT	MICHAEL MCCAIA	4340 NW 6th	PLANTATION, FL 33317

10. 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.

MICHAEL MCCAIA

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-4-04

Date

(954) 583-1567

Daytime Phone #

CR2E081 (1/02)

292

SNIP N' CURL

To: Fl. Dept. Of State

Div. Of Corp.

5-4-04

We are requesting a waiver of annual fees from 1996 thru 2003 because we did not receive a renewal notice nor were we aware of the fees until recently.

Enclosed is a check for \$1050 for renewal of the corporation status.

Please call (954)298-8586 if there are any questions or concerns,

Sincerely,



Michael McCalla, V.P.