## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## **APPLICATION FOR** REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

\_P95000045837 **DOCUMENT#** 

1. Corporation Name

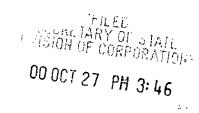
OPRAH BEAUTY SUPPLY, INC.

Principal Place of Business

Mailing Address

6065 WEST SLINRISE BOULEVARD

6065 WEST SUNRISE BOULEVARD



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SUNRISE FL 33313 SUNRISE FL				. 33313					
If above a	ddresses are	incorrect in any way; line th	rough incorrect i	nformation and enter	correction below.	   Reii	ustateme	OO TIM	
		Address, If Applicable		ng Office Address, If Applicable		Date incorporated or Qualified     To Do Business in Florida     06/06/1995			
Suite, Apt. #, etc. Suite, Apt. #				etc.		5. FEI Number		1	
City & State City & State						3. PELINUILIDA	65-0583815	Applied For Not Applicable	
Zip Country Zi			Zip	Zip Country		6. CERTIFICATE OF STATUS DESIRED (or a Certificate of Status			
						To a definibility of status			
7. Names	and Street Ad	dresses of Each Officer and	d/or Director (Fl						
Title(s) Name of Officers and/or Directors 2				Street Address of Each Officer and/or Director			City / State / Zip		
PTSD	ABDIN, LOUAY			6065 W. SUNRISE BLVD.			SUNRISE FL 33313		
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	<u>В. Nап</u>	ne and Address of Curren	t Registered Ag	ent	9. Name and Address of New Registered Agent				
		<del></del>		·····	Name	~	bernage van		
ABDIN, LOUAY					Street Address (P.O. Box Number is Not Acceptable)				
6065	WEST SUNI	RISE BOULEVARD							
SUNRISE FL 33313				Suite, Apt. #, Etc.					
					City	<u> </u>	State FL	Zip Code	
10. I, being Signature o Registered	of /	ne registered agent of the ab		oration, am familiar w	ith and accept the c	obligations Cect	ion 607.0505, F.S.	2/00	
11. I certify this rein	that I am an enstatement ap	officer or director or the reciplication, the reason for dis	eiver or trustee e solution has bee	mpowered to execute n eliminated, the corp	this application as	s the requirements	apter 607 or 617, F.S. I further s of section 607,0401 or 617,04	01, 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 on this application is true and arcurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR