

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 FEB -3 PM 1:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P9500082497

1. Corporation Name

A HAIR PARLOUR, INC.

WDS 000002034

2. Principal Office Address

6561 N. SOKRUM LOOP RD.

Suite, Apt. #, etc.

City & State

LAKE LAND, FL

Zip

33809

Country

USA

3. Mailing Office Address

6561 N. SOKRUM LOOP RD.

Suite, Apt. #, etc.

City & State

LAKE LAND, FL

Zip

33809

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

10/24/95

5. FEI Number

59-3344809

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

SANDRA SANDERS

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

3225 BELLFLOWER WAY

Suite, Apt. #, Etc.

City

LAKE LAND

State

FL

Zip Code

33811

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

Sandra L. Sanders

Date 2/1/05

REGISTERED AGENT MUST SIGN

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
D	SANDRA L. SANDERS	3225 BELLFLOWER WAY	LAKE LAND, FL 33811
D	RONALD D. SANDERS	3225 BELLFLOWER WAY	LAKE LAND, FL 33811

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.

SIGNATURE:

Sandra L. Sanders

SANDRA L. SANDERS

2/1/05

Date

(863) 853-4917

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ARITHMETECH, INC.

214 Hillcrest St. Suite #1 ~ Lakeland, Florida 33815 ~ (863) 683-1040 Fax 683-1067

Wednesday, January 5, 2005

Florida Division of Corporations
5050 W. Tennessee Street
Tallahassee, FL 32399

RE: A Hair Parlour, Inc.
Reinstatement of Corporation
Doc No P95000082497
2003, 2004, 2005

Dear Sirs:

Enclosed is a print out of the status of A Hair Parlour, Inc. which indicates an Admin Dissolution For Annual Report initiated by your office on 9/19/2003. A call to your department today indicates a \$600 reinstatement fee as well as past due filing charges is needed to reactivate the aforementioned corporation.

I would like to request a waiving of the \$600 fee due to reasonable cause. The mailing address noted for our corporation is listed as Bridgefield Drive, Lakeland, FL which had changed in 2003. Consequently, we never received notice for the 2003 or 2004 Annual Reports filing requirements. The principal address has never changed at 6561 N. Socrum Loop Road; Lakeland, FL 33809-4180 but mail was never forwarded there from the Department of State.

Please accept the enclosed check for \$450.00 which pays for the Annual Report for 2003, 2004, and 2005 (3 X \$150.00) for reinstatement. Again we, ask for the full abatement of any further reinstatement fees. We had always filed Annual Reports and paid timely since 1996 and relied on your form notification (not received in 2003 or 2004) to prompt our payment.

Please expedite processing of this request ASAP since we are facing a closing deadline which requires this matter to be resolved by next week.

Sincerely,

A handwritten signature in cursive script that reads "Sandra L. Sanders". The signature is written in black ink and is positioned above the printed name and title.

Sandra L. Sanders
Registered Agent