

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

APPROVED  
AND  
FILED

97 JAN 13 PM 2:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000091421**

1. Corporation Name

**L. L.'S CUSTOM HAIR & BEAUTY SUPPLIES, INC.**

Principal Place of Business

9951 ATLANTIC BLVD., STE. 401  
JACKSONVILLE FL 32225

Mailing Address

9951 ATLANTIC BLVD., STE. 401  
JACKSONVILLE FL 32225



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

4. Date Incorporated or Qualified  
To Do Business in Florida

11/29/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3346086

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D / P	SPOSATO, JOHN SR.	9951 ATLANTIC BLVD., STE. 401	JACKSONVILLE FL 32225
<del>R</del>	<del>WINDER, LARRY</del>	<del>1751 BIRCH HATCHER DRIVE</del>	<del>JACKSONVILLE FL 32218</del>
D	GUADAGNI, VIERI G.	5270 FOX STREET	DENVER, CO 80217

600002056596--0  
-01/14/97--01062--008  
\*\*\*383.75 \*\*\*383.75

8. Name and Address of Current Registered Agent

SPOSATO, JOHN SR.  
9951 ATLANTIC BLVD., STE. 401  
JACKSONVILLE FL 32225

REINSTATEMENT

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

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

*John Sposato*  
REGISTERED AGENT MUST SIGN

Date

1-10-97

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:

*John Sposato*  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN SPOSATO, SR.

Date

12-31-96

Daytime Phone #

904-725-1113

CR2E040 (7/96)