

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

01 AUG 16 PM 1:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P96000071546**

1. Corporation Name

**Cathedral Hair Salon, Inc.
6629 South Dixie Highway
South Miami, FL 33143**

2. Principal Office Address

6629 South Dixie Highway

Suite, Apt. #, etc.

N/A

City & State

Miami

Zip

33143

Country

Miami-Dade

3. Mailing Office Address

**11355 SW 112 Circle Ln
Miami, FL 33176**

Suite, Apt. #, etc.

N/A

City & State

N/A

Zip

N/A

Country

N/A

No.

REINSTATEMENT

98-01

4. Date Incorporated or Qualified
To Do Business in Florida

08/26/1996

5. FEI Number

65-0689580

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

Diego J. Pena

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

11355 SW 112 Circle Lane North

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33176

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

Diego J. Pena

Date **8/14/01**

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	Diego J. Pena	11355 SW 112 Circle Lane No.	Miami, FL 33176
D	Zeida Hernandez	10621 SW 27 Street	Miami, FL 3

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

Diego J. Pena **7/28/01** **305-710-2109**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/00)