

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 AUG 26 PM 12:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P96000088244**

1. Corporation Name

Modernistic Styles & Cuts Inc.

2. Principal Office Address

213 S. Parramore Ave.
Suite, Apt. #, etc.

3. Mailing Office Address

411 Shady Banks Rd.
Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

Altamonte Springs FL

Zip

32805

Country

ORANGE

Zip

32714

Country

Seminole

4. Date Incorporated or Qualified
To Do Business in Florida

10/25/1996

5. FEI Number

39-3432049

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

Clyde M. Randell

900058686429

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

213 S. Parramore Ave.

Suite, Apt. #, Etc.

City

Orlando Florida

State

FL

Zip Code

32805

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

Clyde M. Randell
REGISTERED AGENT MUST SIGN

Date

8-25-05

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	Randell, Clyde M.	411 Shady Banks Rd.	Altamonte Springs FL 32714

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: **Clyde M. Randell**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/9/05 (407) 733-1131
Date Daytime Phone #