

APPLICATION  
FOR  
REINSTATEMENTFLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

99 DEC 20 AM 11:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P96000089506

1. Corporation Name

NEW YORK HAIR DESIGNS, INC.

Principal Place of Business

Mailing Address

16821 NE 15 AVE.

16821 NE 15 AVE.

N. MIAMI BEACH FL 33162

N. MIAMI BEACH FL 33162

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

25 S.E. 2ND AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE # 410

City &amp; State

City &amp; State

MIAMI, FL.

Zip

Country

Zip

Country

33131

REINSTATEMENT

4. Date Incorporated or Qualified  
To Do Business in Florida

10/28/1996

5. FEI Number

65-0721307

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
DP	AVECILLA, VICENTE	1543 MICHIGAN AVE., APT. 204	MIAMI BEACH FL 33139
DVST	CALDERON, ELIO	1543 MICHIGAN AVE., APT. 204	MIAMI BEACH FL 33139

700003082387--9  
-12/29/99--01005--008  
\*\*\*\*750.00 \*\*\*\*750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

AVECILLA, VICENTE  
16821 NE 15 AVE.  
N. MIAMI BEACH FL 33162

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 AgentSIGNATURE REQUIRED  
VICENTE AVECILLA  
REGISTERED AGENT MUST SIGN

Date

10/20/99

11. 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 on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE REQUIRED  
VICENTE AVECILLA, PRES.

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/20/99

Date

(305) 947-7041

Daytime Phone #

KE