

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
00 JUN -7 AM 10:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000092336
1. Corporation Name Femme Coiffure, Inc.
9700 Collins Avenue #229
Bal Harbour, FL 33154

2. Principal Office Address 9700 Collins Avenue Suite, Apt. #, etc. 229 City & State Bal Harbour, FL Zip 33154		3. Mailing Office Address 9700 Collins Avenue Suite, Apt. #, etc. 229 City & State Bal Harbour, FL Zip 33154	
Country USA		Country USA	

4. Date Incorporated or Qualified To Do Business in Florida 11/08/96
5. FEI Number 65-0712295
6. CERTIFICATE OF STATUS DESIRED ☐ **\$8.75 Additional Fee required for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name
Gabriel Reboh

Street Address (P.O. Box Number is Not Acceptable)
9700 Collins Avenue

Suite, Apt. #, Etc.
229

City
Bal Harbour

State FL
Zip Code 33154

100003299361-9
06/21/00-01082-016
1050.00-1050.00

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:

[Signature]
REGISTERED AGENT MUST SIGN

Date June 5, 00

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
P	Gabriel Reboh	2140 NE 205 Street	N. Miami Beach, FL 33179
VP	Raphael Reboh	3625 N. Country Club Dr. #1005	Aventura, FL 33180
T	Marcel Reboh	3625 N. Country Club Dr. #1005	Aventura, FL 33180
S	Daniel Reboh	9700 Collins Avenue #229	Bal Harbour, FL 33154
S	Armand Reboh	9700 Collins Avenue #229	Bal Harbour, FL 33154

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gabriel Reboh

Date June 5, 00
Daytime Phone #