

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. *page 1 of 2*

CORPORATION



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

FILED

01 JAN -5 PM 1:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *P97 00 000 8331*

1. Corporation Name

SANDRA HAIR DESIGNER, INC

2. Principal Office Address

8074 NW 103 ST

Suite, Apt. #, etc.
Suite #10

City & State
Hialeah, Florida

Zip
33016

Country
USA

3. Mailing Office Address

8074 NW 103 ST

Suite, Apt. #, etc.
Suite #10

City & State
Hialeah, Florida

Zip
33016

Country

4. Date Incorporated or Qualified
To Do Business in Florida

1/28/1997

5. FEI Number

65-0724907

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

NELSON MALU

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

8074 NW 103 STREET

500003533985-7

Suite, Apt. #, Etc.

Suite #10

01/12/01-01005-011

*****150.00 ****150.00*

City

Hialeah

State

FL

Zip Code

33016

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

Nelson Malu
REGISTERED AGENT MUST SIGN

Date *12/6/2000*

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	SANDRA D. MALU	8074 NW 103 ST	Hialeah, FL 33016
D	NELSON MALU	8074 NW 103 ST	Hialeah, FL 33016

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:

Sandra Malu Daveta
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/6/2000/305/556-5251

Daytime Phone #

CR2E081 (9/99)

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SANDRA HAIR DESIGNERS, INC.
8074 NW 103 STREET
HIALEAH, FL. 33016
PHONE (305) 556-5251

DECEMBER 6TH, 2000


DIVISION OF CORPORATIONS
P. O. BOX 6327
TALLAHASSEE, FL 32314

ATTN: MS. SPRATHER

ENCLOSED PLEASE FIND THE REINSTATEMENT FORM DULY FILLED AND
OUR CHECK NO. 1694 FOR THE AMOUNT OF \$150.00 IN ORDER TO PLEASE
REQUEST FROM YOU THE REINSTATEMENT OF THE CORPORATION, DUE TO
WE NEVER GOT THE UNIFORM BUSINESS REPORT FORM FOR THE YEAR
2000.

HOPING TO HEAR FROM YOU, I REMAIN,

SINCERELY,


SANDRA MALU,
DIRECTOR