

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JUN 22 AM 11:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000027337

1. Corporation Name

Total Hair Care of N. Florida, Inc.

2. Principal Office Address

7201 Metro Boulevard

Suite, Apt. #, etc.

City & State

Minneapolis, MN

Zip

55423

Country

USA

3. Mailing Office Address

7201 Metro Boulevard

Suite, Apt. #, etc.

City & State

Minneapolis, MN

Zip

55439

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

3/21/1997

5. FEI Number

59-3444559

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 00-04

7. Name and Address of Current Registered Agent

Name

NRAI Services, Inc.

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

526 E. Park Avenue

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

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.

NRAI Services, Inc.

Signature of
Registered Agent by:

REGISTERED AGENT MUST SIGN

Date

6/21/2004

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, C	Paul D Finkelstein	7201 Metro Boulevard	Minneapolis, MN 55439
S	Eric A Bakken	7201 Metro Boulevard	Minneapolis, MN 55439
V	Randy L Pearce	7201 Metro Boulevard	Minneapolis, MN 55439

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6/21/2004

952/947-7777

ERIC BAKKEN, Secretary