

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 DEC 13 AM 11:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P9700004F032

1. Corporation Name

DON'S HAIR PAIR, INC.

2. Principal Office Address

19 East Jefferson St

Suite, Apt. #, etc.

City & State

Quincy FL

Zip

32352

Country

US

3. Mailing Office Address

19 East Jefferson St

Suite, Apt. #, etc.

City & State

Quincy FL

Zip

32352

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

5/30/97

5. FEI Number

59-3514565

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

Don Gibson

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

19 East Jefferson St

Suite, Apt. #, Etc.

City

Quincy

State

FL

Zip Code

32352

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

REGISTERED AGENT MUST SIGN

Date

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	Don Gibson	19 East Jefferson St	Quincy, FL 32352

02-03

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 #

CR2E081 (9/01)

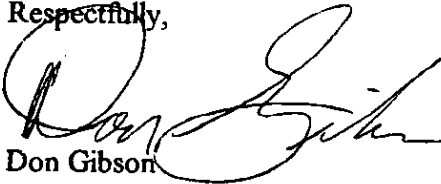
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December 06, 2002

Department of Corporations Reinstatements
Tallahassee, Florida

This is an request and attempt to have late fees waived. For the simple reason I did not receive a 2001 statement. So at this time I am requesting the late fees to be waived.

Respectfully,


Don Gibson