

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

**FILED**

02 JUL -8 PM 3:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P97000058901

1. Corporation Name

THE HAIR TEAM AT MISSION BAY, INC.

800007077548--3  
-08/13/02--01054--004  
\*\*\*1058.50 \*\*\*1058.50

VA

2. Principal Office Address

20449 STATE ROAD 7

Suite, Apt. #, etc.

SUITE A1

City & State

BOCA RATON FLORIDA

Zip

33498

Country

USA

3. Mailing Office Address

20449 STATE ROAD 7

Suite, Apt. #, etc.

SUITE A1

City & State

BOCA RATON FLORIDA

Zip

33498

Country

USA

**REINSTATEMENT 00-02**

4. Date Incorporated or Qualified To Do Business in Florida

7-1-97

5. FEI Number

65-0800813

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

JASON M. DIPIERNO

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

3530 CYPRESS EDGE DRIVE

Suite, Apt. #, Etc.

City

LAKE WORTH

State

FL

Zip Code

33467-2324

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

7/5/2

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/T	MARCIA DIPIERNO	3530 CYPRESS EDGE DRIVE	LAKE WORTH, FLORIDA 33467
V/S	JAXON DIPIERNO	3530 CYPRESS EDGE DRIVE	LAKE WORTH FLORIDA 33467

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

7/5/2  
Date

Std. 271.3218  
Daytime Phone #

CR2E081 (8/01)