PLEASE READ ALL INSTRUCTIONS BEFORE CC FLORIDA DEPARTMENT OF STATE Katherine Harris **FILED** Secretary of State Nov 29 1999 8:00 am DIVISION OF CORPORATIONS Secretary of State P98000019783 DOCUMENT# 1. Corporation Name HAIRCRAFTERS OF BROOKSVILLE, INC. Principal Place of Business Mailing Address 19474 US 41 19474 US 41 BROOKSVILLE FL 34601 BROOKSVILLE FL 34601 case incorrect in any way. In it through incorrect information and enter correction below Date Incorporated or Qualified To Do Business in Florida 3 New Mailing Office Address, If Applicable 6900 Jericho Turnpike 03/02/1998 Suite, Apt. #. etc 5 FELNumber Applied For Suite 100LL City & State City & State 11-3447876 Not Applicable Syosset, \$8.75 Additional Fee required for a Certificate of Status CERTIFICATE OF STATUS DESIRED 11791 7. Names and Street Addresses of Each Officer and/or Director. (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors Street Address of Each Officer and/or Director City / State / Zip $\mathsf{Title}(s)$ VON LIEBERMANN, DON-6900 JERICHO TURNPIKE SYOSSET NY 11791 P/D OREN, RON MARCUS, MARVIN -D-6900 JERICHO TURNPIKE SYOSSET NY 11791 S/D BALLEGEER, LAURA ---Ð-KRAMER, MICHAEL **8900 JERICHO TURNPIKE** SY033ET NY 11791 BATES, LOUISE 6900 JERICHO TURNPIKE SYOSSET NY 11791 **500003:059435** -12/03/39-01005-006 ****150.00 ****150.00 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Jody Garrett C/o Great Waves Inc. ress (P.O. Box Number is Not Acceptable) KRAMER, MICHAEL 7171 NORTH DAVIS HWY 3435 Rosebay Court PENSACOLA FL 32504 Suite, Apt. #, Etc. State Zip Code Spring Hill 34609 above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. 10. It being appointed the registered agent of the 11/2/79

REGISTERED AGENT MUST SIGN

11. 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 re-instatement 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.

Louise Bates

NAME OF SIGNING OFFICER OR DIRECTOR

ALALGAG

Date 575=677=8328

HAIRCRAFTERS OF BROOKSVILLE, INC. 6900 Jericho Turnpike Syosset, New York 11791 516-677-0320

FAX: 516-677-0319

November 5, 1999

VIA FEDERAL EXPRESS

Department of State **Division of Corporations** 409 East Gaines Street Tallahassee, FL 32399

Re: Reinstatement - Haircrafters of Brooksville, Inc.

Document # P98000019783

Gentlemen:

Enclosed herewith is our Application for Reinstatement for the above referenced corporation.

Unfortunately the corporate office which is located in New York never received the original report or the subsequent second notice. The mailing address on the form is our location in Florida who just now forwarded the reinstatement notice to us. They never received the first notice.

We have indicated on the Reinstatement Application that the mailing address is Syosset, New York. Under the circumstances, we would appreciate your waiving the reinstatement fee. We are now marking our records to indicate when the next Annual Report is due.

Enclosed is our check for \$150 for the initial Annual Report filing fee in anticipation of your waiving the reinstatement fee.

To reiterate, we will see that all future reports will be filed on a timely basis and would appreciate your understanding in this matter.

Thank you for your cooperation.

Director

LB/ms enc.