PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
99 NOV 30 PM 3:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000025337**

1. Corporation Name

H.D. STYLE, INC.

Principal Place of Business	Mailing Address
3001 TAFT ST., LOT 15 LOOP DR. HOLLYWOOD FL 33021	3001 TAFT ST., LOT 15 LOOP DR. HOLLYWOOD FL 33021

3/16/99 900826027 $150.00

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable	3. New Mailing Office Address, if Applicable
Suite, Apt. # Etc.	Suite, Apt. # Etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: **03/16/1998**

5. FEI Number: **65-0822431** ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ **$8.75 Additional Fee required for a Certificate of Status**

7. Name(s) and Street Address(es) 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	FISET, MARIO	3001 TAFT ST., LOT 15 LOOP DR.	HOLLYWOOD FL 33021
			LS

8. Name and Address of Current Registered Agent

FISET, MARIO
3001 TAFT ST., LOT 15 LOOP DR.
HOLLYWOOD FL 33021

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City | State: FL | Zip Code

10. I am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: Mario Fiset Date: 10-23-99

REGISTERED AGENT MUST SIGN

11. I am a director or officer 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 report is true and accurate and my signature shall have the same legal effect as if made under oath.

SIGNATURE: Mario Fiset President 10-23-99 (954)920-0125

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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