

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

DOCUMENT # P98000027136

1. Corporation Name

CAROL'S HAIR DESIGN, INC.

Principal Place of Business

5243 COCONUT CREEK PKWY.  
MARGATE FL 33063

Mailing Address

5243 COCONUT CREEK PKWY.  
MARGATE FL 33063

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

03/24/1998

5. FEI Number

65-0821890

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| 1        | 2                                 | 3                                                   | 4                                                                 |
|----------|-----------------------------------|-----------------------------------------------------|-------------------------------------------------------------------|
| Title(s) | Name of Officers and/or Directors | Street Address of Each Officer and/or Director      | City / State / Zip                                                |
| P        | CLECKLEY, VERNICE                 | 245 SOUTHWEST 10TH AVENUE<br>3185 HOLIDAY SPR. BLVD | DELRAY BEACH FL 33444<br>Margate FL 33063                         |
|          |                                   |                                                     | 000004721420--0<br>-12/12/01--01086--004<br>****150.00 ****150.00 |
|          |                                   |                                                     |                                                                   |
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|          |                                   |                                                     |                                                                   |
|          |                                   |                                                     |                                                                   |
|          |                                   |                                                     |                                                                   |

8. Name and Address of Current Registered Agent

CLECKLEY, VERNICE -  
3310 BANKS ROAD, APT. #106  
MARGATE FL 33063

3185 Holiday Springs  
Blvd. Margate  
FL 33063

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, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

Date 11/29/01

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 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:

Vernice Cleckley

11/29/01

954-956-9199

Date

Daytime Phone #

**CAROL'S HAIR DESIGN, INC.  
5243 COCONUT CREEK PARKWAY  
MARGATE, FL 33063**

November 13, 2001

Division of Corporation  
P.O. Box 6327  
Tallahassee, FL 32314

Dear Sir/Madam:

I have recently by mail received a final notification of the revocation of my business license, **FEI #: 65-0821890**. I am also aware of the fee imposed on the reinstatement of my license. However, due to the injuries I received from a recent rollover accident I was unable to work and my business remained dormant for a period of time, and I was unaware of prior notices that may have been issued to the business.

Upon saying this, I ask that I be excused/pardoned the usual imposed reinstatement fee due to the circumstances.

Sincerely,



**VERNICE E. CLECKLEY**  
Manager  
Carol's Hair Design, Inc.