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DOCUMENT # P98000060039  1. Entity Name							FILED			
ADVANCED HAIR INSTITUTE, INC.						01 SEP 27 PM 2: 32				
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Principal Place of Business 20 WOOD AVE S. SUITE 305 SELIN NJ 08830			Mailing Address 120 WOOD AVE S. SUITE 305 ISELIN NJ 08830 US			X	K T	SECRETAR) TALLAHASSI	( OF STA EE, FLOR	TE IDA
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2. Principal Place of Business			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE			
City & State			City & State			4. F	4. FEI Number 58-2424148 Applied For Not Applicab			
Zip		Country	Zip	Count	ry	5. (	Certificate of Status Desi	red 🗌	\$8.75 Ad	ditional
	- 6. Name a	and Address of Current Re	egistered Agent	-	Name	. 7.,N	Name and Address of N	lew Registered	Agent	_
LEVINE, A. KENNETH 215 S MONROE ST, 2ND FLOOR TALLAHASSEE FL 32301										
					Street Addres	ss (P.O. B	Box Number is Not Accep	otable)		_
IALL	LAHAGOEE FE	. 32301			City				Zip Cod	lo.
			*****					FL	<b>-</b> 2/p Coc	ie
		submits this statement for the			d office or regis		ent, or both, in the State	of Florida.		
SIGNATURE  9. This corp Tax filing	Signature, typed or poration is eligib		file if applicable. (NO FILE NOV After MAY 1, 2	OTE: Registered V!!! FEE I	Agent signature requests \$150.00 vill be \$550.00	uired when re		DATE gn Financing	<b>\$5.0</b> □ Added	0 May Be
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