

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10F2

**CORPORATION  
REINSTATEMENT**



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
01 FEB -5 AM 10:12

DOCUMENT # P98000065199

1. Corporation Name

The Edge Hair Etc. Inc.

2. Principal Office Address

10991 San Jose Blvd  
Suite, Apt. #, etc. Suite 06

City & State  
Jacksonville, Fl.

Zip Country  
32223 Deval

3. Mailing Office Address

10991 San Jose Blvd.  
Suite, Apt. #, etc. Suite 06

City & State  
Jacksonville, Fl.

Zip Country  
32223 Deval

4. Date Incorporated or Qualified  
To Do Business in Florida

7/98

5. FEI Number

59-3525212

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  
Cynthia Hrnciar

Street Address (P.O. Box Number is Not Acceptable)  
14 Lake Success Drive

Suite, Apt. #, Etc.

City  
Palm Coast

State  
FL

Zip Code  
32164

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

Cynthia Hrnciar

REGISTERED AGENT MUST SIGN

Date 2/1/01

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
Pres.	CYNTHIA HRNCIAR	14 LAKE SUCCESS	PALM COAST, FL 32164
V.P.	NANCY BAUM	4054 TYNOE/CK. PL.	JACKSONVILLE, FL 32223
Secretary Treas.	PAMELA LEE OBERG	10 CORTES COURT	PALM COAST, FL 32167

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:

Cynthia Hrnciar  
Cynthia Hrnciar

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/01/01 904-262-9949

Date

Daytime Phone #

CR2E001 (9/00)

2/2/01 The Edge Hair Etc. Inc. 2082  
10991-06 San Jose Blvd.  
Jacksonville, FL 32223  
904-262-9949

Doc # P98000065199  
Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Attn: Sean Toner  
Senior Section Administrator  
Letter #: 201 A00003693

Mr. Toner, per our phone conversation  
2/1/01 - enclosed please find check  
# 0881 for \$300.00 for Corporation  
fees - and the Corporation Reinstatement  
form.

Thank you for your kind considera-  
tion in this matter

Pamela Lee Oberg