

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 NOV 29 PM 3:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000075242

**1. Corporation Name**

Hair Classics by Peter Frey, Inc.

221 Sunrise Avenue

221 Sunrise Avenue

**2. Principal Office Address**

221 Sunrise Avenue

Suite, Apt. #, etc.

**3. Mailing Office Address**

221 Sunrise Avenue

Suite, Apt. #, etc.

City & State

Palm Beach, Florida

City & State

Palm Beach, Florida

Zip

33480

Country

U.S.A.

Zip

33480

Country

U.S.A.

**4. Date Incorporated or Qualified**

To Do Business in Florida 8/26/1998

**5. FEI Number**

650858332

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☒

\$8.75 Additional Fee required  
for a Certificate of Status

**REINSTATEMENT 2004**

**7. Name and Address of Current Registered Agent**

Name

Donald Raife

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

221 Sunrise Avenue

Suite, Apt. #, Etc.

City

Palm Beach

State

FL

Zip Code

33480

**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

*Donald C. Raife*  
REGISTERED AGENT MUST SIGN

Date November 23, 2004

**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
Director	Donald C. Raife	261 Sunrise Avenue	Palm Beach, Florida 33480

**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:**

*Donald C. Raife*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/23/2004

Date

(561) 655-0141

Daytime Phone #

CR25061 (01/04)