

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT	 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Jim Smith</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P98000083398**

1. Corporation Name  
**HAIR SAFARI, INC.**

Principal Place of Business <b>2016 SANTA BARBARA BLVD. NAPLES FL 34116</b>	Mailing Address <b>2016 SANTA BARBARA BLVD. NAPLES FL 34116</b>
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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

**09/25/1998**

5. FEI Number

**59-3534876**

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 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	LAURIA, LORI A	3560 2ND AVENUE SE	NAPLES FL 34117
D	HAYES, JUDY	4584 17TH COURT SW	NAPLES FL 34116

8. Name and Address of Current Registered Agent

**HAYES, JUDY**  
**2016 SANTA BARBARA BLVD.**  
**NAPLES FL 34116**

9. Name and Address of New Registered Agent

Name		
Street Address (P.O. Box Number is Not Acceptable)		
Suite, Apt. #, Etc.		
City	State <b>FL</b>	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. or 617.0505, F.S.

Signature of  
Registered Agent

*Judy Hayes*  
**SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

Date

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:

*Judy Hayes*  
**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

02 NOV -4 AM 11:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**300008768693**  
11/04/02--01004--009 \*\*150.00

CR2E040 (8/02)

**Hair Safari, Inc.**  
**2016 Santa Barbara Blvd.**  
**Naples, Fl. 34116**

Dear Sirs:

Enclosed, please find the application form and a check for \$150.00. I do not recall receiving the original report.

Please accept my request to process the report with the \$150.00 filing fee and abate the \$600.00 reinstatement fee.

Thank you in advance for your co-operation.

Respectfully,

Judy Hays