

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 AUG 28 PM 4:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P99000028353**

1. Corporation Name

HAIR BY RONNIE, INC.

200004586352--7
-09/13/01--01002--010
****300.00 ****300.00

2000-2001 UBR

2. Principal Office Address

9452 Boca River Circle

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Boca Raton FL

City & State

Zip
33434

Country
USA

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

MARCH 29, 1999

5. FEI Number

65-0907871

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

LEONARD LESK

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

7732 NW 78th PLACE

Suite, Apt. #, Etc.

City

FT. LAUDERDALE

State

FL

Zip Code

33321

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

8/15/01

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.	RONALD GORMAN	9452 Boca River Circle	Boca Raton FL 33434

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/15/01 561-483-1900

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**HAIR BY RONNIE, INC.
9452 BOCA RIVER CIRCLE
BOCA RATON, FLORIDA 33434
561-483-1900**

August 22, 2001

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

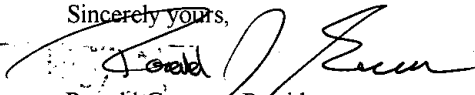
I was not aware of the responsibility to file Florida Annual Reports. My former accountant, Edwin L. Crammer CPA was the registered agent for my Corporation and all mail was sent directly to his office. He never prepared nor told me of my obligation to file. He made several other errors that caused me to change accountants. My new accountant informed me of my responsibility and prepared the enclosed form for Corporate Reinstatement.

I have sent several address changes to the State of Florida and assumed that the notice of address change would serve as a notice to all tax departments in Florida. However, I now know that your office was never notified.

I feel it is unjust to pay a late filing fee, as I never received the forms and the fact that my registered agent, whom should have known, never advised me.

As per my accountant's conversation with your office, I am mailing this correspondence and a check for \$300 to cover the filing for January 2000 and 2001.

Sincerely yours,


Ronald Gorman, President
Hair By Ronnie, Inc.