

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10fz

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 MAY -4 AM 10:51

RECEIVED
TALLAHASSEE, FLORIDA

DOCUMENT # ~~PD000048239~~

1. Corporation Name

P99000048239

Personal Hair Replacement Corp

000075038160

05/22/06--01067--014 **450.00

2. Principal Office Address

801 Federal Highway

Suite, Apt. #, etc.

3. Mailing Office Address

801 Federal Highway

Suite, Apt. #, etc.

City & State

Boca Raton, Florida

City & State

Boca Raton, Florida

Zip

33432

Country

Zip

33432

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/24/1999

5. EEL Number

65-0934147

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

Robert Dodek

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

8779 Via Prestigio East

Suite, Apt. #, Etc.

City

Wellington

State

FL

Zip Code

33411

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

REGISTERED AGENT MUST SIGN

Date

4/28/06

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	Jonanthan Gonzalez	2124 NE 63rd Street	Fort Lauderdale, FL 33308
VP	Linda Accetta	2124 NE 63rd Street	Fort Lauderdale, FL 33308

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 contained in Chapter 119, 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 #

561-549-0007

2 of 2

**PERSONAL HAIR REPLACEMENT CORP
801 FEDERAL HIGHWAY
BOCA RATON, FLORIDA 33432**

April 28, 2006

Florida Department of State
Tallahassee, Florida 33301

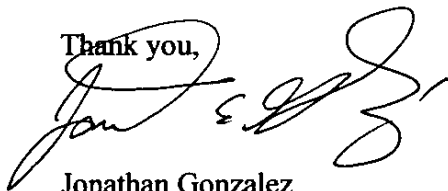
Re: Personal Hair Replacement Corp
Document # P9000048239

Gentlemen:

We had not receive the annual report notices for year 2004.

Please waive the reinstatement fee. Enclosed is a check for \$ 450.00 the annual report and supplemental fees for the years 2004, 2005, 2006.

Thank you,

A handwritten signature in black ink, appearing to read 'Jonathan Gonzalez', written over the 'Thank you,' text.

Jonathan Gonzalez
President