

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

07 MAR 12 AM 6:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000111439

1. Corporation Name

**Maximum Unisex Hair Care, Inc.**

2. Principal Office Address - No P.O. Box #

2775 N. Hiawassee Rd

Suite, Apt. #, etc.

City & State

Orlando, Florida

Zip

32818

Country

usa

3. Mailing Office Address

2775 N. Hiawassee Rd

Suite, Apt. #, etc.

City & State

Orlando, Florida

Zip

32818

Country

**REINSTATEMENT 03-07**

CR2E081 (1/07)

4. Date Incorporated or Qualified  
To Do Business in Florida

12/28/1999

5. FEI Number

59-3629645

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required  
for a Certificate of Status

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

7. Name and Address of Current Registered Agent

Name

G. Christopher Clark

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

2775 N. Hiawassee Rd

Suite, Apt. #, Etc.

City

Orlando, Florida

State

FL

Zip Code

32818

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

Date 02/28/2007

REGISTERED AGENT MUST SIGN

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
PD	G. Christopher Clark	2775 N. Hiawassee Rd	Orlando, Florida 32818

300095805873  
04/04/07--01040--012 \*\*750.00

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

02/28/2007 407 297-3700

Date

Daytime Phone #

February 29, 2007

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FL

This letter is to inform you that Maximum Unisex Hair Care, Inc. has never received their reinstatement notice for 2003, 2004, 2005, 2006, 2007. Due to these circumstances we are asking that you abate the reinstatement fees. The payment of \$750.00 is enclosed for the said years. If there are any questions concerning this matter please feel free to contact me at 407 297-3700. The Document # P99000111439.

Your consideration concerning this matter is greatly appreciated.

Cordially,



Barbara J. Adams  
Accountant



Maximum Unisex Hair Care, Inc. G. Christopher Clark