

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

APPROVED
AND
FILED

1998 JAN 16 PM 12:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S26277

1. Corporation Name

DD Salons Inc.

Principal Place of Business

Mailing Address

7063 Radio Road
Naples, FL 34102

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

~~Dianna Gunterman~~
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

~~S26277~~ 65-0216844

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
pres	Dianna Gunterman	7063 Radio Road	Naples FL 34102
			7000002407937--1
			01/22/98 01000 007
			****900.00 ****900.00

REINSTATEMENT

97-98
1/16/98

8. Name and Address of Current Registered Agent

DD Salons Inc
7063 Radio Rd.
Naples, FL 34102

9. Name and Address of New Registered Agent

Name Dianna Gunterman
Street Address (P.O. Box Number is Not Acceptable)
3061 52nd St SW
Suite, Apt. #, Etc.
City Naples
State FL Zip Code 34104

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.

Signature of Registered Agent Dianna Gunterman

REGISTERED AGENT MUST SIGN

Date 11-15-97

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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:

Dianna Gunterman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DIANNA GUNTERMAN

11-15-97
Date
941-455-7707
Daytime Phone #

CR2ED40 (12/96)