

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 MAR 14 PM 12:16

DOCUMENT # 866147

1. Corporation Name

Lou's Spot Hair Salon Inc

2. Principal Office Address

521 S. GULFVIEW BLVD

Suite, Apt. #, etc.

CLEARWATER, FL

City & State

Zip

33767

Country

FLORIDA

3. Mailing Office Address

P.O. Box 3433

Suite, Apt. #, etc.

City & State

CLEARWATER FL

Zip

33767

Country

FLORIDA

000068110610

03/20/06--01025--011 \*\*1715.00

REINSTATEMENT

CR2E081 (12/05)

96-06

4. Date Incorporated or Qualified  
To Do Business in Florida

July 8 - 1991

5. FEI Number

59-3076958

Applied For

X 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

LINDA JACKSON

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

2101 SUNSET PT. RD.

Suite, Apt. #, Etc.

UNIT 1805

City

CLEARWATER

State

FL

Zip Code

33765

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

Linda Jackson

REGISTERED AGENT MUST SIGN

Date 3-8-06

**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.	LINDA JACKSON	2101 SUNSET PT. RD #1805	CLEARWATER FL 33765

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

Linda Jackson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-8-06

Date

727-447-8802 -

Daytime Phone #

3/15/06

3-8-06

2/2

FLA, DEPT OF STATE,

I SPOKE TO SOMEONE THIS A.M. ABOUT REINSTATEMENT.

I HAVE NOT RECEIVED ANY PAPERS FROM YOU SINCE 1996.

SINCE THERE HAS BEEN A MISUNDERSTANDING ON MY PART,  
I APOLOGIZE.

HE QUOTED ME A FIGURE OF \$1715.<sup>00</sup> TO MAKE  
ME CURRENT. I HAVE ENCLOSED A CHECK FOR THAT  
AMOUNT.

IF YOU NEED ANY FURTHER INFORMATION PLEASE  
CONTACT ME.

SINCERELY,  
Gilda Jackson