

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAR -2 AM 10:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03-04

000029731443
03/02/04--01057--001 **300.00

DOCUMENT # V54666

1. Corporation Name

ABRACADABRA HAIR STYLING, INC.

2. Principal Office Address

2946 HOWLAND BLVD

3. Mailing Office Address

Suite, Apt. # etc

Suite, Apt. # etc

City & State

DELTONA, FL.

City & State

Zip

32725

Country

US

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida: 07/29/92

5. FEI Number
59-3151649

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$6.75 Additional Fee required
for Certificate of Status

7. Name and Address of Current Registered Agent

Name

CAROL SWEET

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

2946 HOWLAND BLVD

Suite, Apt. #, Etc.

City

DELTONA

State

FL

Zip Code

32725

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

Carol Sweet
REGISTERED AGENT MUST SIGN

Date 2-24-04

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
P/D	CAROL SWEET	2946-HOWLAND BLVD	DELTONA, FL. 32725

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:

Carol Sweet

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2-24-04

Daytime Phone #

2072

ABRACADABRA HAIR STYLING, INC.
2946 HOWLAND BLVD
DELTONA, FL. 32725

February 25, 2004

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Gentlemen:

In preparing to submit the Annual Report for 2004 it has come to my attention that the Annual report for 2003 had not been filed. Apparently we did not receive any notification that it was due or it would have been submitted. We have been in business since 1992 and have never failed to file before.

I am enclosing the annual fee for the year 2003 & 2004 in the amount of \$300.00. I am requesting a waiver of penalty for 2003. If you check our records we have never failed to file before.

Very truly yours,



Carol Sweet

CS:LP