

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

00 FEB 21 AM 11:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SP

DOCUMENT # V 66605

1. Corporation Name

HOLLIFIELD ENTERPRISES, INC.  
D/B/A SHEAR MAGIC

2. Principal Office Address

335 EAST LINTON BLVD

Suite, Apt. #, etc.

SUITE B-12

City & State

DELRAY BEACH, FL

Zip

33483-5023

Country

US

3. Mailing Office Address

335 EAST LINTON BLVD.

Suite, Apt. #, etc.

SUITE B-12

City & State

DELRAY BEACH, FL

Zip

33483-5023

Country

US

4. Date Incorporated or Qualified  
To Do Business in Florida

09/08/92

5. FEI Number

65-0356227

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$375 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

CAROLYN GRANT

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

1015 DEL HARBOUR

Suite, Apt. #, Etc.

City

DELRAY BEACH

State  
FL

Zip Code

33483

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

Carolyn Grant

REGISTERED AGENT MUST SIGN

Date 2-15-00

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	CAROLYN GRANT	1015 DEL HARBOUR	DELRAY BEACH, FL 33483
V-P	KYLE HOLLIFIELD	1015 DEL HARBOUR	DELRAY BEACH, FL 33483

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:

Carolyn Grant  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-15-00

Date

5612651506

Daytime Phone #

CR2E081 (9/99)

V60605



Carolyn Grant  
Hollifield Enterprises, Inc.  
335 East Linton Boulevard #B-12  
Delray Beach, Florida 33483-5081

February 15, 2000

Department of State  
Division of Corporations  
Attn: tkscott  
P.O. Box 32314  
Tallahassee, FL 32314

Dear Sirs,

I did not receive the original corporate annual report. Please waive the late fee.  
I am enclosing a Corporate Reinstatement form along with \$815.00.

I would like to thank you in advance for your assistance in this matter.

Sincerely,

Carolyn Grant