## **2020 FLORIDA PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P08000037132

Entity Name: DOCTOR HAIR, INC.

**Current Principal Place of Business:** 

5829 TOMOKA DR. ORLANDO, FL 32839

## **Current Mailing Address:**

5829 TOMOKA DR. ORLANDO, FL 32839

FEI Number: 87-0795416 Certificate of Status Desired: Yes

## Name and Address of Current Registered Agent:

BELLIARD, REINA 5829 TOMOKA DR. ORLANDO, FL 32839 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: REINA BELLIARD 07/06/2020

Electronic Signature of Registered Agent

## Officer/Director Detail:

Title PST

Name BELLIARD, REINA
Address 5829 TOMOKA DR.
City-State-Zip: ORLANDO FL 32839

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: REINA BELLIARD PRESIDENT 07/06/2020

FILED Jul 06, 2020

**Secretary of State** 

4655830220CR

Date