

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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DOCUMENT # P96000073010

Corporation Name

LA CARINA SUPERCUTS, INC.

Principal Place of Business

Mailing Address

1768 Holly Flower Lane 1768 Holly Flower Lane  
Orange Park, FL 32003 Orange Park, FL 32003

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

New Principal Office Address, If Applicable

New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Country

Zip

Country

APPROPRIATE PAY 97-01  
Date Incorporated or Qualified To Do Business in Florida 08/29/1996

5. FEI Number

76-0512568

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/D	Bell, Douglas S.	1768 Holly Flower Lane	Orange Park, FL 32003
D	Bell, Carolyn R.	1768 Holly Flower Lane	Orange Park, FL 32003

3000003471313-8  
-11/20/00--01149--015  
\*\*\*1200.00 \*\*\*1200.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CAROLYN R. BELL  
9664 HERSHAM PORT  
JACKSONVILLE, FL 32221

Name

Carolyn R. Bell

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

1768 Holly Flower Lane

Suite, Apt. #, Etc.

City

Orange Park

State

FL

Zip Code

32003

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

Carolyn R. Bell

REGISTERED AGENT MUST SIGN

Date 10/22/2000

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Douglas S. Bell

904-215-3717