

PLEASE READ ALL INSTRUCTIONS BEFORE CC

APPLICATION  
FOR  
REINSTATEMENT



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

FILED  
Nov 29 1999 8:00 am  
Secretary of State

DOCUMENT # **P98000019783**

1. Corporation Name

**HAIRCRAFTERS OF BROOKSVILLE, INC.**

Principal Place of Business

19474 US 41  
BROOKSVILLE FL 34601

Mailing Address

19474 US 41  
BROOKSVILLE FL 34601



2. If any information is corrected in any way, line through incorrect information and enter correction below.

3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
6900 Jericho Turnpike Suite, Apt. #, etc.		03/02/1998	
City & State		5. FEI Number	Applied For
Syosset, New York		11-3447876	Not Applicable
Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
11791	U.S.A.		

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

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
<del>P/D</del>	<del>VON LIEBERMANN, DON</del>	<del>6900 JERICO TURNPIKE</del>	<del>SYOSSET NY 11791</del>
P/D	OREN, RON	6900 JERICO TURNPIKE	SYOSSET NY 11791
<del>P/D</del>	<del>MARCUS, MARVIN</del>	<del>6900 JERICO TURNPIKE</del>	<del>SYOSSET NY 11791</del>
S/D	BALLEGEER, LAURA	6900 JERICO TURNPIKE	SYOSSET NY 11791
<del>D</del>	<del>KRAMER, MICHAEL</del>	<del>6900 JERICO TURNPIKE</del>	<del>SYOSSET NY 11791</del>
D	BATES, LOUISE	6900 JERICO TURNPIKE	SYOSSET NY 11791

8. Name and Address of Current Registered Agent

KRAMER, MICHAEL  
7171 NORTH DAVIS HWY  
PENSACOLA FL 32504

9. Name and Address of New Registered Agent

Name **Jody Garrett**  
Street Address (P.O. Box Number is Not Acceptable) **c/o Great Waves, Inc. 3435 Rosebay Court**  
Suite, Apt. #, Etc.  
City **Spring Hill** State **FL** Zip Code **34609**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

*Jody Garrett*  
Jody Garrett REGISTERED AGENT MUST SIGN

Date **11/2/99** **576-677-8320**

11. 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 re-statement 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: *Louise Bates*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Louise Bates**

Date **11-5-99** 516-677-0320  
Daytime Phone #

**HAIRCRAFTERS OF BROOKSVILLE, INC.**  
**6900 Jericho Turnpike**  
**Syosset, New York 11791**  
**516-677-0320**  
**FAX: 516-677-0319**

November 5, 1999

**VIA FEDERAL EXPRESS**

Department of State  
Division of Corporations  
409 East Gaines Street  
Tallahassee, FL 32399

Re: Reinstatement - Haircrafters of Brooksville, Inc.  
Document # P98000019783

Gentlemen:

Enclosed herewith is our Application for Reinstatement for the above referenced corporation.

Unfortunately the corporate office which is located in New York never received the original report or the subsequent second notice. The mailing address on the form is our location in Florida who just now forwarded the reinstatement notice to us. They never received the first notice.

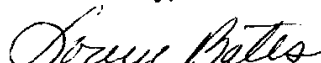
We have indicated on the Reinstatement Application that the mailing address is Syosset, New York. Under the circumstances, we would appreciate your waiving the reinstatement fee. We are now marking our records to indicate when the next Annual Report is due.

Enclosed is our check for \$150 for the initial Annual Report filing fee in anticipation of your waiving the reinstatement fee.

To reiterate, we will see that all future reports will be filed on a timely basis and would appreciate your understanding in this matter.

Thank you for your cooperation.

Sincerely,

  
Louise Bates  
Director

LB/ms  
enc.