

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Lewis  
Secretary of State

DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 AUG 10 PM 2:42

DOCUMENT #

L53117

1. Corporation Name

TElegance Hair & Nail Design, Inc.

2. Principal Office Address

120 S. DIXIE HWY

Suite, Apt. #, etc.

105

City & State

WPA

Zip

33401

Country

USA

3. Mailing Office Address

120 S. DIXIE HWY

Suite, Apt. #, etc.

105

City & State

WPA

Zip

33401

Country

USA

4. Date Incorporated or Qualified To Do Business in Florida

2-1990

5. FEI Number

650185552

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Theresa C. Lewis

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

4576 BROOK DR

Suite, Apt. #, Etc.

WPA

City

WPA

State

FL

Zip Code

33417

300004547829-5

-08/21/01--01083--005

\*\*\*\*308.75 \*\*\*\*308.75

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

Theresa C. Lewis

Date

7/6/01

REGISTERED AGENT MUST SIGN

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
2ND VP	BRUCE N. LEWIS	4576 BROOK DR	WPA FL 33417
1ST VP	TICO L. CLARK	1247 17TH ST Apt 14	Santa Monica Ca 90404
PRESIDENT	Theresa C. Lewis	4576 BROOK DR	WPA FL 33417

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:

Theresa C. Lewis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/6/01

Date

561-838-4274

Daytime Phone #

CR2E081 (9/00)