

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. *Page 1 of 1*

APPLICATION FOR  FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
 Secretary of State
 DIVISION OF CORPORATIONS



FILED
 00 OCT 30 AM 11:17
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # *P99 0000 54616*
 1. Corporation Name
LUPE BEAUTY SALON CORP.

Principal Place of Business Mailing Address
11318 SW QUAIL ROOST DR.
MIAMI FL 33157

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

2. New Principal Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country
 3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country

4. Date Incorporated or Qualified To Do Business in Florida *06-16-99*
 5. FEI Number *65-0927489* Applied For Not Applicable
 6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
<i>1</i>	<i>ROSARIO G. MARTINEZ</i>	<i>11318 SW QUAIL ROOST DR</i>	<i>MIAMI FL 33157</i>

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8. Name and Address of Current Registered Agent
ROSARIO G. MARTINEZ
11318 SW QUAIL ROOST DR.
MIAMI FL 33157

9. Name and Address of New Registered Agent
 Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 Suite, Apt. #, Etc. _____
 City _____ State **FL** Zip Code _____

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.
 Signature of Registered Agent *Rosario G. Martinez* Date *Oct 25-2000*
 REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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: *Rosario G. Martinez* Date *10-25-2000* Daytime Phone # *305-295-3992*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (1/2/96)

LUPE BEAUTY SALON CORPORATION
11318 SW QUAIL ROOST DR
MIAMI, FL 33157
Tel (305)235-3332

Florida Department of State
Secretary of State
Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

Ref: Document # P99000054616

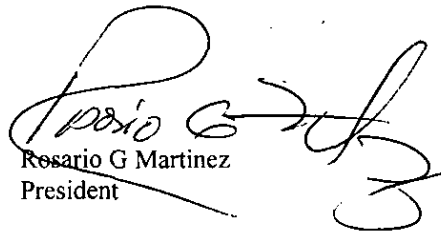
Dear Sir:

As per our telephone conversation we are enclosing you a check for the amount of \$150.00 dollars.

Please be advised as mentioned on the phone, we gave a wrong address when we created the corporation, because 186 St change his name and direction after the 112th Ave., and Quail Roost begins. That resulted that we did not received the annual report, because 11318 SW 186 St do not exist, therefore we are pleading you to absolve the penalty charges and accept the renewal.

Please if you have any question do not hesitate to contact us.

Sincerely,


Rosario G Martinez
President

RM/lom