

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION -  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

**Katherine Harris**  
Secretary of State

DIVISION OF CORPORATIONS

FILED

01 MAY -3 PM 4:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **500636**

**1. Corporation Name**

**CENTURY PLAZA BEAUTY SALON INC.**  
**1812 W. Hillsboro Blvd.**  
**DEERFIELD BEACH FL 33442-1402**

**2. Principal Office Address**

**SAME**

Suite, Apt. #, e.c.

City & State

Zip

Country

**3. Mailing Office Address**

**SAME**

Suite, Apt. #, etc.

City & State

Zip

Country

**REINSTATEMENT 85-01**

**4. Date Incorporated or Qualified  
To Do Business in Florida**

**5. FEI Number**

**59-1668113**

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

**ANA FERNANDEZ**

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

**4854 ALFRESCO ST**

Suite, Apt. #, Etc.

City

**BOCA RATON**

**900004288329**

**05/22/01-01133-001**

**\*\*\*2537.50 \*\*\*2537.50**

State  
**FL**

Zip Code

**33433**

**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

**Ana Fernandez**

REGISTERED AGENT MUST SIGN

Date **4-20-01**

**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
P.V.P S.T.	ANA FERNANDEZ	4854 ALFRESCO ST	BOCA RATON FL 33433

**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: **Ana Fernandez** ANA FERNANDEZ 4-20-01 954 427-0600  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #