

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 MAR 31 AM 7:40
DEPARTMENT OF STATE
ALBANY, N.Y. 12242
E. FLORIDA

DOCUMENT # 611425

1. Corporation Name

Alice's Beauty Salon, Inc.

2. Principal Office Address

8750 Sunset Drive

Suite, Apt. #, etc.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

33173

Country

USA

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

1979

5. FEI Number

591901662

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

Alice Waldron 3 Beverly Wong

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

8750 Sunset Drive

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33173

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

Alice Waldron

Date

3/14/06

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
President	Alice Waldron	8750 sunset drive	Miami, FL 33173
Secretary	Beverly Wong	8750 sunset drive	Miami, FL 33173
Secretary	Beverly Wong	8750 Sunset Dr	Miami FL 33173

800070456128
04/14/06--01041--005 **450.00

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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 contained in Chapter 119, 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:

Alice Waldron Alice Waldron

Date

Daytime Phone #

3/14/06

**ALICE'S BEAUTY SALON
8750 SUNSET DRIVE
MIAMI, FLORIDA 33173
(305) 271-0311**

March 12, 2006

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

**RE: ALICE'S BEAUTY SALON, INC.
DOCUMENT #: 611425
CORPORATION REINSTATEMENT**

Dear Sir/Madam:

Please note that I have not received any documentation or information from the Division of Corporations regarding payment and filing of my annual reports since 2003. It was not brought to my attention until I was fined by the County last month in the amount of \$500. Therefore, I believe that I should not be required to pay the \$600.00 reinstatement fee. Therefore, I have enclosed a check in the amount of \$450.00 for payment of my 2004, 2005 and 2006 annual reports as well as the Corporation Reinstatement form which I have completed.

If you have any questions, please do not hesitate to contact me at the above referenced number.

Very truly yours,



ALICE WALDRON

AW/slw
Enclosure