

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
12 MAR -6 PM 3:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F 34879**

1. Corporation Name **LELY BEAUTY SALON INC**

2. Principal Office Address - No P.O. Box # **4941 Rattlesnake Rd**
3. Mailing Office Address **4941 Rattlesnake Rd**

Suite, Apt. #, etc. **COLLIER** Suite, Apt. #, etc. **COLLIER**
City & State **NAPLES FL** City & State **NAPLES FL**
Zip **34113** Country **COLLIER** Zip **34113** Country **COLLIER**

CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida **05/14/1991**

5. FEI Number **59 212 4816** 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 **MARY WOODS**
Street Address (P.O. Box Number is Not Acceptable) **4941 RATTLE SNAKE RD**
Suite, Apt. #, Etc. **COLLIER**
City **NAPLES** State **FL** Zip Code **34113**

200223962772
03/06/12--01029--029 **1200.00

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 **MARY Woods** Date **1/8/2012**
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
PD	MARY WOODS	4941 RATTLE SNAKE Rd	NAPLES FL 34113

REINSTATEMENT
2009-12

10. E-mail Address: **JRUBIN @ 2MERITOR.COM**
(To be used for future annual report notification)

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 reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

SIGNATURE: **MARY Woods** Date **1/8/12** 239 595700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #