

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Catherine H. H. H.
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 DEC 11 PM 5:44

DOCUMENT # F99000000118

1. Corporation Name

REBECCA'S ESTHETICS CONNECTION INC.

Principal Place of Business

Mailing Address

1097 SOUTH FL AVE SUITE 115
LAKELAND FL 33803

1097 SOUTH FL AVE SUITE 115
LAKELAND FL 33803



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

2. New Principal Office Address, If Applicable

5150 S. FLORIDA AVE.

Suite, Apt. #, etc.

SUITE 103

City & State

LAKELAND, FLORIDA

Zip

33813

Country

USA

3. New Mailing Office Address, If Applicable

5150 S. FLORIDA AVE

Suite, Apt. #, etc.

SUITE 103

City & State

LAKELAND, FLORIDA

Zip

33813

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

01/07/1999

5. FEI Number

59-3539172

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	City / State / Zip
P	ODOM, ROBERT E	6667 CHADRON CT.	LAKELAND FL 33813
P	LYONS, JULIE	5150 S. FL AVE, STE 103	LAKELAND, FL 33813

8000003506288--6
-12/13/00--01086--021
****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ODOM, ROBERT E
6667 CHADRON COURT
LAKELAND FL 33813

Name

LYONS, JULIE

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

5150 S. FL AVE.,

Suite, Apt. #, Etc.

SUITE 103

City

LAKELAND FL

State

FL

Zip Code

33813

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

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 10-25-00

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., 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-25-00

Daytime Phone #

AD

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October 25, 2000

Rebecca's Esthetics Connection, Inc.
5150 S. Florida Ave., Suite 103
Lakeland, FL 33813
(863) 709-9555

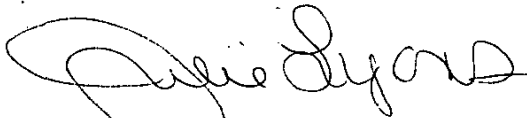
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314-6327

To Whom It May Concern:

We have not received any previous notifications regarding our application for reinstatement until October 20, 2000. We moved our location in May of this year, and have been noticing that we have lost a lot of mail.

I hope you will accept my apology for my tardiness.

Sincerely,



Julie Lyons
President