

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 MAY -9 AM 9:58

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # H20694

1. Corporation Name
TRUDY'S + PAT'S BEAUTY SALON INC.

Principal Place of Business
1118 E. ATLANTIC AVE
DELRAY BEACH
FL. 33483

Mailing Address
SAME

REINSTATEMENT

96-97
AD

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 9-12-84	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-2464407	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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
P/D	PATRICIA TWELVES	6091 PINE DR. LANTANA, FL. 33462	LANTANA, FL. 33462
SEC-D	TRUDY RILEY	2545 S. OCEAN BLVD. A311	PALM BEACH, FL. 33480

100002176961--6
-05/13/97--01080--013
****915.00 ****915.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PATRICIA ~~KRIESEL~~ TWELVES
1118 E. ATLANTIC AVE
DELRAY BEACH, FL. 33483

Name
PATRICIA TWELVES
Street Address (P.O. Box Number is Not Acceptable)
6091 PINE DR.
Suite, Apt. #, Etc.
City LANTANA, FL. 33462 State FL Zip Code 33462

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 Patricia Twelves
REGISTERED AGENT MUST SIGN

Date 4-30-97

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: PATRICIA TWELVES
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-97 561-276-5622
Date Daytime Phone #

CR20040 (12/96)