

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Sandra S. Mortonham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

98 NOV 23 AM 8:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H93368

1. Corporation Name

LE PRESTIGE SALON INC

REINSTATEMENT

Principal Place of Business

Mailing Address

12484 SW 8th St
Miami, FL 33184

12484 SW 8th St
Miami FL 33184

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

05/16/97

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2652462

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	YAMILE RAMIREZ	12484 SW 8th ST	MIAMI FL 33184
VSTD	NATALIO R DELGADO	12484 SW 8th ST	MIAMI FL 33184
			500002699005--6 -12/01/98--01060--019 ****600.00 ****600.00
			500002699005--6 -12/01/98--01060--020 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

NATALIO R DELGADO
12484 SW 8th ST
MIAMI FL 33184

Name

YAMILE RAMIREZ

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

12484 SW 8th ST

Suite, Apt. #, Etc.

City

Miami FL 33184

State

FL

Zip Code

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

Yamile Ramirez

REGISTERED AGENT MUST SIGN

Date 11/17/98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

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)(f), 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:

Yamile Ramirez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/17/98

Date

Daytime Phone #

CR20040 (1/98)