

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # K60486

1. Entity Name
HOT WAX, INC.



FILED

08 NOV -3 PM 2:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT



10272008 REIN-P CR2E098 (1/07)

Principal Place of Business Mailing Address
~~ONE FINANCIAL PLAZA~~
~~STE 2100~~
~~FT LAUDERDALE, FL 33394~~
~~ONE FINANCIAL PLAZA~~
~~2100~~
~~FORT LAUDERDALE, FL 33394 US~~

2. Principal Place of Business - No P.O. Box #
500 E. BROWARD BLVD.
Suite, Apt. #, etc.
SUITE 850

3. Mailing Address
SAME
Suite, Apt. #, etc.

City & State
FORT LAUDERDALE

City & State

Zip Country
FL U.S.A.

Zip Country

4. FEI Number
65-0097719

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCIBERRAS, PAUL F.
11860 NW 32ND MANOR
SUNRISE, FL 33323

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After January 1, 2009, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME SCIBERRAS, PAUL F.
STREET ADDRESS 11860 NW 32ND MANOR
CITY-ST-ZIP SUNRISE, FL 33323

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 900137566499
CITY-ST-ZIP 11/03/08--01041--001 **150.00

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PAUL SCIBERRAS

Date

10/30/08

Daytime Phone #

954-523-1300

2/11/3