PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR 9697 REINSTATEMENT

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

FILED
97 DEC 12 PM 3:13
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # K77205

1. Corporation Name
Executive Quarters ~~Salon~~, Inc.
15822 N. Dale Mabry Hwy Ste 206
Tampa, Florida 33618

W97-18658

Principal Place of Business
15822 N. Dale Mabry Hwy
Ste 206
Tampa, Florida 33618

Mailing Address
15822 N. Dale Mabry Hwy
Ste 206
Tampa, Florida 33618

REINSTATEMENT 96-97 90

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

2. New Principal Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip | Country

3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip | Country

4. Date Incorporated or Qualified To Do Business in Florida: 04/03/89

5. FEI Number: 59- 2956157 ☐ 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)

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
~~Pres~~	~~Charles L. Jester Jr.~~	~~15822 N. Dale Mabry Hwy #206~~	~~Tampa, Florida 33618~~
Pres	Charles L. Jester Jr.	18726 Ave Biarritz	Lutz, Florida 33549

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-12/16/97--01108--011
****915.00 ****915.00

8. Name and Address of Current Registered Agent
Walter S. Sanders
13910 N. Dale Mabry Hwy Ste One
Tampa, Florida 33618

9. Name and Address of New Registered Agent
Name: CHARLES JESTER
Street Address (P.O. Box Number is Not Acceptable): 18726 AVE. BIARRITZ
Suite, Apt. #, Etc.:
City: LUTZ | State: FL | Zip Code: 33549

CR2E040 (1-96)

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: Walter Sanders
REGISTERED AGENT MUST SIGN
Date: 08/04/97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes [X] 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: Charles L. Jester
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Charles L. Jester Jr. 08/04/97 (Date) 813-205-1715 (Daytime Phone #)