

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # L15037

1. Corporation Name
PELO, INC.

Principal Place of Business
1364 WASHINGTON AVE
MIAMI BCH. FL 33139

Mailing Address
1364 WASHINGTON AVE
MIAMI BCH. FL 33139

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

2. New Principal Office Address, If Applicable

1364 Washington Ave

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State
Miami Beach FL

City & State

Zip 33139 Country Dade

Zip Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/08/1989

5. FEI Number 65-0142985

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
PD	KENDRICK, GILBERT	5630 COASTAL DRIVE	BOCA RATON FL
SD	LINARES, ELENA	5630 COASTAL DRIVE	BOCA RATON FL
VD	KATZ, STUART	5630 COASTAL DRIVE	BOCA RATON FL
			000002346250--0
			-11/13/97--01053--021
			****165.00 ****165.00

8. Name and Address of Current Registered Agent

ROSENBERG, ARTHUR R.
2891 EAST OAKLAND PARK BLVD.
SUITE 400
FORT LAUDERDALE FL 33306

9. Name and Address of New Registered Agent

Name Elena Linares
Street Address (P.O. Box Number is Not Acceptable)
1364 Washington
Suite, Apt. #, Etc.
Miami Beach
City FL Zip Code 33139

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

Elena Linares

REGISTERED AGENT MUST SIGN

Date 11-7-97

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)(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:

Elena Linares

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(305)
11-7-97 673-1380
Date Daytime Phone #



APPROVED
AND
FILED
1997 NOV 10 PM 12:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CP2ED040 (8/97)

SUPERCUTS

E V E R Y T I M E



pg. 2 of 2

To: State of Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

From: Pelo Inc.
1364 Washington Avenue.
Miami Beach, FL 33139
Elena Linares, Operating Officer for Pelo, Inc.

Re: Pelo Inc. Document Number L15037

It is with much regret that I inform your office that my ex-Office Manager did not file the 1997 annual report for Pelo Inc. The documents were lost or taken from our office. Unfortunately, the office manager has been for emotionally ill for some time. Esmeralda Serrame had been with us for many years. Her condition was so serious that she was terminated on August 1997.

Had I personally received the documentation for the corporate annual report for 1997, I would have filed in a timely manner. I can assure you that the above will not happen again because I will personally be managing the office for Pelo Inc.

Thank you very much in advance for your understanding and support in this matter.

Sincerely,

Elena Linares, Officer & Agent

Elena Randazzo

801 Majorca Ave. Coral Gables, FL 33134

Phone:(305) 447-1191 / Fax: (305) 442-2747 Voice Mail 1-800-333-8157 EX 8618