

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

10 MAR 23 PM 2:03

DOCUMENT # L80677

2/ Corporation Name

Arthur's Salon, Inc.

3/ Principal Office Address - No P.O. Box #

348 N. Park Ave.

4/ Mailing Office Address

Same

Suite, Apt. #, etc.

#3

Suite, Apt. #, etc.

City & State

Winter Park FL

City & State

Zip

32789

Country

USA

Zip

Country

5/ Date Incorporated or Qualified  
To Do Business in Florida

6/14/1990

6/ FEI Number

593019153

Applied For

Not Applicable

7/

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

8/ Name and Address of Current Registered Agent

Name

Elizabeth Jones, president

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

348 N. Park Avenue

Suite, Apt. #, Etc.

#3

City

Winter Park

State

FL

Zip Code

32789

☒ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

9/ I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

Elizabeth Jones, president

Date 3-7-10

REGISTERED AGENT MUST SIGN

10/ Name and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
pres.	Elizabeth Jones	1820 Oak Lane	Orlando FL 32803

21/ E-mail Address:

(To be used for future annual report notification)

22/ 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. I further certify, 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:

Elizabeth Jones

Elizabeth Jones

3-7-10

4076284440

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #