

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #** M46409

**1. Corporation Name**

BEACH CLUB SALON, INC.  
5718 SUNSET DRIVE  
SOUTH MIAMI, FL 33143

**2. Principal Office Address - No P.O. Box #**

5718 SUNSET DRIVE

Suite, Apt. #, etc.

**3. Mailing Office Address**

5718 SUNSET DRIVE

Suite, Apt. #, etc.

City & State

SOUTH MIAMI, FLORIDA

City & State

SOUTH MIAMI, FLORIDA

Zip

33143

Country

U.S.A.

Zip

33143

Country

U.S.A.

**4. Date Incorporated or Qualified  
To Do Business in Florida**

**5. FEI Number**  
59-2783387

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

ROSENDO JESUS DURAN

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

5718 SUNSET DRIVE

Suite, Apt. #, Etc.

City

SOUTH MIAMI

State

FL

Zip Code

33143

☒ 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.

**8. 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

REGISTERED AGENT MUST SIGN

Date

4/26/17

**9. Names 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
President	ROSENDO JESUS DURAN	9440 SW 20 ST	MIAMI FL 33165
Treasurer	DOUGLAS G. GONZALEZ	1200 MADRID	CONRAD GONZALEZ FL 33134

**10.** 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 contained in Chapter 119, 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROSENDO J. DURAN

Date

4/26/17

Daytime Phone #

(305) 666-2917

FILED

07 MAY 23 AM 9:00

FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

600103100216  
05/23/07--01021--007 \*\*450.00

**REINSTATEMENT**

05-07