

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 DEC -5 PM 5:13

DOCUMENT # N50140

1. Corporation Name

MAYOR'S BEAUTIFICATION PROGRAM, INC.

Principal Place of Business	Mailing Address
7525 NORTH BLVD. TAMPA FL 33604 US	P.O. BOX 2104 TAMPA FL 33601 US



REINSTATEMENT

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		07/27/1992	
City & State		City & State		5. FEI Number	
Zip		Country		59-3150612	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City/State/Zip
D	FERLITA, ROSS	7525 NORTH BLVD.	TAMPA FL -12/13/00--01114--021 ****236.25 ***236.25
D	BENEDICT, BETSY	400 N. ASHLEY #3000	TAMPA FL 33602
D	HOUSE, SUE	13707 WALBROOKE AVENUE	TAMPA FL
D	TROCKE, MIKE	101 E KENNEDY S2500	TAMPA FL
D	Barry Preusch	4925 Independence Parkway	Tampa, FL 33634
D	LAZARUS, BILL	1511 S CHURCH ST.	TAMPA FL 33629

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
FERLITA, ROSS 7525 NORTH BLVD. TAMPA FL 33604		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	
		State	Zip Code
		FL	

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: *[Signature]* Date: 12/29/00

REGISTERED AGENT MUST SIGN

11. 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: *[Signature]* Betsy Benedict Date: 12/1/00 Daytime Phone #: (813) 221-8733

CR2E040 (8/00)