

OCT-28-2002 MON 10:32 AM ZSKS

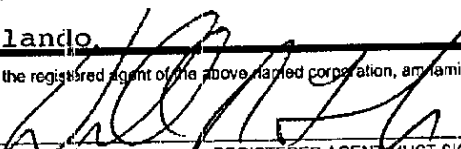
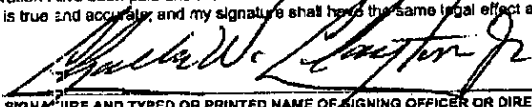
FAX NO. 407 425 2747

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FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State DIVISION OF CORPORATIONS		SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # N97000004963 1. Corporation Name THINK BEAUTY, INC.					
2. Principal Office Address 1190 NORTH PARK AVENUE Suite, Apt. #, etc.		3. Mailing Office Address 1190 NORTH PARK AVENUE Suite, Apt. #, etc.		4. Date incorporated or Qualified To Do Business in Florida 09/02/1997	
City & State WINTER PARK, FL		City & State WINTER PARK, FL		5. FEI Number 593468978	
Zip 32789	Country USA	Zip 32789	Country USA	6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent					
Name LOWMAN, WILLIAM R., JR.					
Street Address (P.O. Box Number is Not Acceptable) 315 E. Robinson Street #600					
Suite, Apt. #, Etc.					
City Orlando		State FL		Zip Code 32801	
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  Date 10/25/02 REGISTERED AGENT MUST SIGN					
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		
D	CLAYTON, CHARLES W., JR.	1190 NORTH PARK AVE	WINTER PARK, FL 32789		
D V	CLAYTON, LISA	1190 NORTH PARK AVE	WINTER PARK, FL 32789		
D P	ROLL, HOPE C.	1190 NORTH PARK AVE	WINTER PARK, FL 32789		
ST	CLAYTON, JOAN B.	1190 NORTH PARK AVE	WINTER PARK, FL 32789		
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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 10/25/02	
				Daytime Phone # 407-622-0000	

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Division of Corporations

<https://ccfss1.dos.state.fl.us/scripts/efilcovr.exe>

Charles Clayton / 5257-1

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)205-0384

From:

Account Name : ZIMMERMAN, SHUFFIELD, KISER & SUTCLIFFE, P.A.
Account Number : I19990000006
Phone : (407)425-7010
Fax Number : (407)425-2747

CORPORATION REINSTATEMENT

THINK BEAUTY, INC.

Certificate of Status	1
Certified Copy	0
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