

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000018323

1. Corporation Name

SALON SALVATORE CHRISTIAN INC

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

502 S MACDILL AVE

Suite, Apt. #, etc.

City & State

TAMPA, FL

Zip

33609

Country

US

3. Mailing Office Address

2772 64th PLACE NORTH

Suite, Apt. #, etc.

City & State

ST. PETERSBURG, FL

Zip

33702

Country

US

4. Date Incorporated or Qualified

To Do Business in Florida **02/17/2000**

5. FEI Number

31-1692098

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

CHRIS SULIMAY

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

502 S MACDILL AVE

Suite, Apt. #, Etc.

City

TAMPA

State

FL

Zip Code

33609

☒ 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

Date

4/1/10

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
O	CHRIS SULIMAY	502 S MACDILL AVE	TAMPA, FL 33609
O	RITA SULIMAY	502 S MACDILL AVE	TAMPA, FL 33609

10. E-mail Address: **RMSULIMAY@YAHOO.COM**

(To be used for future annual report notification)

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. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/1/10

Daytime Phone #

813-825-3301

FILED

10 APR -5 PM 2:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800174523788
04/05/10--01057--013 **900.00

REINSTATEMENT

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4/7/10