

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 06, 2004 8:0
Secretary of State

DOCUMENT # P00000020566

1. Corporation Name

CHRISTIAN SPA BEAUTY CENTER

2. Principal Office Address

10740 W FLAGLER STE 7
Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33174

Country

3. Mailing Office Address

10740 W FLAGLER ST
Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33174

Country

REINSTATEMENT

03/84

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

5. FEL Number

65-0982344

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

JUAN C VICTORINO

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

4415 SW 155 COURT

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33185

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

Juan C Victorino

REGISTERED AGENT MUST SIGN

Date

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
P	KIRSY VICTORINO	136 S COVER ST. #XS	DORCHESTER MA 02121

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:

Juan C Victorino

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/04

Date

Daytime Phone #

MW

CR2001 (01/04)