

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

pg 1 of 2

APPLICATION FOR REINSTATEMENT

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

DOCUMENT # P00000029464

1. Corporation Name

BEAUTY ICONS, INC.

Principal Place of Business

Mailing Address

155 14TH AVE. NE  
ST. PETERSBURG FL 33701

155 14TH AVE. NE  
ST. PETERSBURG FL 33701

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

2. New Principal Office Address, If Applicable

8673 15th WAY NORTH

3. New Mailing Office Address, If Applicable

SAME

4. Date Incorporated or Qualified To Do Business in Florida

03/17/2000

City & State

ST. PETERSBURG FLORIDA

City & State

5. FEI Number

59-3651510

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$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	O'NEILL-CHARNESKI, SUZANNE	155 14TH AVE. NE 8673 15th WAY NORTH	ST. PETERSBURG FL 33701 33702

300004740543--3  
-12/27/01--01017-008  
\*\*\*\*150.00 \*\*\*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

O'NEILL-CHARNESKI, SUZANNE

155 14TH AVE. NE 8673 15th WAY NORTH  
ST. PETERSBURG FL 33701 33702

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 Suzanne M. O'Neill-Charneski  
REGISTERED AGENT MUST SIGN

Date 10/26/01

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:

Suzanne O'Neill-Charneski  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
SUZANNE O'NEILL-CHARNESKI

10/26/01  
Date

727-525-2003  
Daytime Phone #

pg 2052

*Suzanne Charneski*  
8673 15<sup>th</sup> Way North  
St. Petersburg, FL. 33702  
727-579-8740

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Fl.  
32314-6327

RE: BEATY ICONS, Inc.  
Doc # P00000029464

Dear Reader:

When I received this dissolution statement for my corporation I was surprised. I immediately called the number and explained I never received any other correspondence for the refiling and probably it was not forwarded to my new address listed above. This is my first company and I am trying to get everything in place.

The person I spoke with told me to send a letter with the fee of \$150.00 asking for a waiver request. I would be ever so gratefull if my request would be granted and approved.

Thank you for your consideration in this matter. Should you need to speak with me during working hours, my cell phone number is 727-439-1002.

Respectfully,

  
Suzanne O'Neill-Charneski