PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

1 92

FILED
02 APR 29 AM 11:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000038323

1. Corporation Name

SALON ESCAPE, INC.

Principal Place of Business	Mailing Address
3626 S. MANHATTAN TAMPA FL 33629	3626 S. MANHATTAN TAMPA FL 33629

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
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 04/10/2000

5. FEI Number: 59-3643066 ☐ 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 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	O'MALLEY, CHRISTIE L	3626 S. MANHATTAN	TAMPA FL 33629
D	FARGO, AMANDA R	3626 S. MANHATTAN	TAMPA FL 33629
~~D~~	~~HAMEN, WILLIAM K~~ NO LONGER ASSOCIATED	~~3626 S. MANHATTAN~~	~~TAMPA FL 33629~~

100000550031 1--1
-05/09/02--01041--014
****308.75 ****308.75

8. Name and Address of Current Registered Agent

LINSKY, MICHAEL A
601 E. TWIGGS ST., STE. 200
TAMPA FL 33602

9. Name and Address of New Registered Agent

Name: Barry Meyerson
Street Address (P.O. Box Number is Not Acceptable): 3314 Henderson Blvd.
Suite, Apt. #, Etc.: Suite 101
City: TAMPA State: FL Zip Code: 33609

CR2E040 (8/01)

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: Barry Meyerson Date: 4/25/02
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: Amanda R Fargo 4/23/02 (813)902-0016
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

292

Barry Meyerson
Accounting, & Bookkeeping
3314 Henderson Blvd. Suite 101

Certified Enrolled Agent #55164
IRS Certified Practitioner
Ph. 813/879-2523 Fax 813/874-8106

To whom it may concern,

Please find enclosed check for 308.75 for reinstatement of this corporation. We never received any of the notices in the mail and apologize for any problems this might have caused. I spoke to the Reinstatement Department on the Phone and they told me to write this letter and explain we never received previous notices and to enclose a check for 308.75 and to mail it along with the form. Thank You for your assistance

Barry Meyerson EA