

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 JUN -4 PM 5:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P00000042027

**1. Corporation Name**

L + S Haircutters  
DBA Perfections Salon Inc

REINSTATEMENT 12 04

**2. Principal Office Address**

3150 Tampa Rd #9

Suite, Apt. #, etc.

#9

City & State

Oldsmar, FL

Zip

34677

Country

USA

**3. Mailing Office Address**

3150 Tampa Rd

Suite, Apt. #, etc.

#9

City & State

Oldsmar, FL

Zip

34677

Country

USA

800037666748

06/04/04--01036--006 \*\*450.00

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

5-5-2000

**5. FEI Number**

59-3640459

Applied For

Not Applied

**6. CERTIFICATE OF STATUS DESIRED ☐**

\$8.75 Additional Fee req.  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

Christina Tambasco

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

3150 Tampa Rd

Suite, Apt. #, Etc.

#9

City

Oldsmar FL 34677

State

FL

Zip Code

34677

**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

Christina Tambasco

REGISTERED AGENT MUST SIGN

Date

5-30-04

**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	Maria Fonseca	2954 Shannon Cr	Palm Harbor FL 34684
V	Christina Tambasco	210 Water View Court	Safety Harbor FL 34695

**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:

Christina Tambasco