

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**

2001 UBE



**FLORIDA DEPARTMENT OF STATE**

Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

01 DEC 31 AM 10:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P00000069741

**1. Corporation Name**

Grand Salon Frayla Esther Corp.

000004765200--3  
-01/10/02--01062--022  
\*\*\*\*758.75 \*\*\*\*758.75

**2. Principal Office Address**

18740 NW 3rd CT

**3. Mailing Office Address**

18740 NW 3rd CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Pembroke Pines, FL

Pembroke Pines, FL

Zip

33029

Country

Broward

Zip

33029

Country

Broward

**REINSTATEMENT**

2001

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

07/21/00

**5. FEI Number**

65-1026417

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

Frayla Esther Adames Mejia

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

18740 NW 3rd CT

Suite, Apt. #, Etc.

City

Pembroke Pines

State  
**FL**

Zip Code  
33029

**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

REGISTERED AGENT MUST SIGN

Date

08/14/01

**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/D	Frayla Esther Adames Mejia	18740 NW 3rd CT	Pembroke Pines, FL 33029
S/T D	Jöse D. Mejia	18740 NW 3rd CT	Pembroke Pines, FL 33029

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (8/00)