

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 OCT 30 AM 10:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000075432

1. Corporation Name

BEAUTY LAND OF MIAMI, INC.

Principal Place of Business

3432-B UNIVERSITY DRIVE  
SUNRISE FL 33351

Mailing Address

3432-B UNIVERSITY DRIVE  
SUNRISE FL 33351

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

08/09/2000

5. FEI Number

65-1030982

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)

Title(s)

Name of Officers  
and/or Directors

Street Address of Each  
Officer and/or Director

City / State / Zip

D

LEE, DONG MYUNG

3432-B UNIVERSITY DRIVE

SUNRISE FL 33351

D

LEE, MOON IM

3432-B UNIVERSITY DRIVE

SUNRISE FL 33351

000008701540  
10/30/02--01065--011--\$150.00

8. Name and Address of Current Registered Agent

LEE, DONG MYUNG  
3432-B UNIVERSITY DRIVE  
SUNRISE FL 33351

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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. or 617.0505, F.S.

Signature of  
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Oct. 26 (1954) 741-7417

CR2E040 (8/02)

**BEAUTY LAND OF MIAMI, INC.  
3432-B UNIVERSITY DRIVE  
SUNRISE, FL 33351**

**TEL (954) 741-7417**

October 25, 2002

**DIVISION OF CORPORATION  
P.O. BOX 6327  
TALLAHASSEE, FL 32314**

**Re: Request for reinstatement  
Document #: P00000075432**

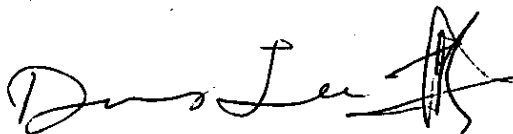
Dear sir or madam,

This is in request for a reinstatement of our corporation. The corporation did not receive the annual report in 2002 that caused the corporation being dissolved. I have enclosed \$150.00 (fee for 2002) along with reinstatement application.

Please update your record as the information appears on the reinstatement application and abate any penalty if there is. Contact us if you have any questions.

Sincerely,

Dong Myung Lee  
President



~~Enclosures:-A check (\$150:00)~~  
A reinstatement application