

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 OCT -9 PM 1:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000082862

1. Corporation Name

Weston Beauty Center, Inc.

2. Principal Office Address

2814 Weston Rd

Suite, Apt. #, etc.

N/A

City & State

Weston, FL

Zip

33331

Country

USA

3. Mailing Office Address

2814 Weston Rd

Suite, Apt. #, etc.

N/A

City & State

Weston, FL

Zip

33331

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

8/31/00

5. FEI Number

☒ Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$9.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Don Gonzalez

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

1820 N. Corp. Lakes Blvd

Suite, Apt. #, Etc.

Suite 201

City

Weston

State

FL

Zip Code

33324

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

[Signature]
REGISTERED AGENT MUST SIGN

Date 10-2-02

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Director Pres/Sec	<u>Ma. Maria Muñoz</u>	<u>Don Gonzalez</u> <u>1820 N. Corp. Lakes Blvd</u>	<u>Weston, FL 33324</u>

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)(X), 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]

Maria Muñoz

10-02-02

954-598-0660

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)205-0384

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

CORPORATION REINSTATEMENT

WESTON BEAUTY CENTER, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$900.00