

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 SEP 13 PM 2:41

DOCUMENT # P000000 86443

**1. Corporation Name**

Sosie Professional Beauty Salon, Inc

**2. Principal Office Address**

16786, N.E 4TH PLAZA

Suite, Apt. #, etc.

**3. Mailing Office Address**

Suite, Apt. #, etc.

City & State

NORTH MIAMI

City & State

Zip

33162

Country

U.S.A

Zip

Country

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

1999

**5. FEI Number**

65-0823131

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

JOSETTE GILLES

500040011085

09/10/04--01052--005 \*\*150.00

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

3360, SPANISH Moss TEAKS

Suite, Apt. #, Etc.

500040011085

08/09/04--01052--015 \*\*750.00

City

LAUDERHILL

State

FL

Zip Code

33319

**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

Joette Gilles

REGISTERED AGENT MUST SIGN

Date

7/19/04

**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
PRESIDENT	JOSETTE GILLES	16786, N.E 4TH PLAZA	MIAMI FL 33162

**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:

Joette Gilles

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/19/04

Date

305-655-1630

Daytime Phone #

CR2E081 (01/04)