

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1-2

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 17 PM 6:38

DOCUMENT # P00000095653

1. Corporation Name

SAN REMO COIFFURES, INC.

Principal Place of Business

Mailing Address

1913 HOLLYWOOD BLVD
HOLLYWOOD FL 33020

1913 HOLLYWOOD BLVD
HOLLYWOOD FL 33020



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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

10/09/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-1055562

Applied For

Not Applicable

City & State

City & State

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

Zip

Country

Zip

Country

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
DPS	REISCHL, TORBERIS	5682 FRED CIRCLE - 5474 SW 24th Avenue 5474 SW 24th Avenue	FT LAUDERDALE FL 33312 33312-7407
DVT	REISCHL, MANFRED	5682 FRED CIRCLE - 5474 SW 24th Avenue	FT LAUDERDALE FL 33312 33312-7407
			400004661404--2 -10/31/01--01067--002 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

RESCHL, MANFRED
1913 HOLLYWOOD BLVD
HOLLYWOOD FL 33020

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

AD

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.

Signature of
Registered Agent

Manfred Reschl

Date

Oct. 16, 2001

Manfred Reschl REGISTERED AGENT MUST SIGN

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:

Manfred Reschl
Manfred Reschl

Oct. 16, 2001 954-927.0052

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (8/01)

Angeline Gaglio Weir
Attorney at Law

2
1930 TYLER STREET
Hollywood, Florida 33020
PHONE: (954) 925-8080
MIAMI: (305) 947-9521
FAX: (954) 925-7816

October 12, 2001

Division of Corporations
Annual Report/Reinstatement Section
P. O. Box 6327
Tallahassee, FL 32314-6327

FEI Number: 65-1055562
DOCUMENT # P00000095653

RE: SAN REMO COIFFURES, INC.

Gentlemen:

Please find enclosed herein Application for reinstatement of San Remo Coiffures, Inc. and a check in the amount of \$150.00 as we are requesting the late charge be waived because 2001 Annual Business Report due between January 1 and May 1, each calendar year had not been received.

We trust this will be acceptable. Thank you for your courtesy.

Yours truly,



ANGELINE G. WEIR
Attorney at Law

AGW/hmt
encs.