

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

WBR

CORPORATION
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

2001 UBR

FILED

01 OCT -8 PM 12:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 10000099177

1. Corporation Name

SALON 107 & SPA, INC

100004641951--0

-10/18/01--01060--007

****150.00 ****150.00

2. Principal Office Address

107 GATLIN AVE.

3. Mailing Office Address

200 SOVEREIGN COURT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORLANDO, FL

City & State

ALTAMONTE SPRINGS

Zip 32301

Country USA

Zip FL 32701

Country USA

4. Date Incorporated or Qualified
To Do Business in Florida

OCT 20, 2000

5. FEI Number

59-3477700

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

CHERYL A. DeROGATIS

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

200 SOVEREIGN COURT

Suite, Apt. #, Etc.

City

ALTAMONTE SPRINGS

State
FL

Zip Code

32701

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

Cheryl A. DeRogatis

REGISTERED AGENT MUST SIGN

Date 10/03/01

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

Titles

ONE

Name of
Officers and/or Directors

Street Address of Each
Officer and/or Director

City / State / Zip

PRESIDENT
TREASURER
SECRETARY

Cheryl A. DeRogatis

200 SOVEREIGN COURT

ALTAMONTE SPRINGS,
FL 32701

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:

Cheryl A. DeRogatis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Oct. 3-2001 407-850-2446

Daytime Phone #

CR2E081 (9/00)

2012

SALON 107 & SPA, INC
107 GATLIN AVE
ORLANDO, FL 32301

TELEPHONE 407-850-2446

October 3, 2001

Florida Department of State
Attn. Katherine Harris
Secretary of State.
Division of Corporation
PO BOX 6327
Tallahassee, FL 32314

Gentlemen:

I learned today through my insurance agent that my corporation was dissolved due to lack of filing the UBR that was due March 1, in the amount of \$150.00.

I called your office immediately since I did not received instructions from lawyer regarding the report not I did receive it at my mailing address or business address.

Therefore I am sending you my check in the amount of \$150.00 and to request the abatement of any penalties the may have accrued since the lack of payment was unintentional and I was never aware of this filing requirement.

I shall appreciate your reinstatement of my Corporation as soon as possible

President

SALON 107 & SPA, INC

