

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 NOV 10 PM 3:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000108369

1. Corporation Name

PARIS KEY WEST, INC.

2. Principal Office Address

312 PETROMA ST

Suite, Apt. #, etc.

City & State

Key West, FL

Zip

33040

Country

USA

3. Mailing Office Address

312 PETRONIA ST.

Suite, Apt. #, etc.

City & State

Key West, FL

Zip

33040

Country

USA

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

20-NOV-2000

5. FEI Number

65-1062134

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

STEPHEN ROMANDETTA

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

1624 SIRUGO AV.

200024565622

11/10/03--01063--024 **158 75

Suite, Apt. #, Etc.

City

Key West

State

FL

Zip Code

33040

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 5-NOVEMBER-2003

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
Owner	STEPHEN ROMANDETTA	1624 SIRUGO AV.	Key West, FL 33040

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:

[Signature] STEPHEN ROMANDETTA

5-NOV-03

305-294-2717

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)



Salon
312 Petronia Street
Bahama Village
Key West, Florida 33040
305-294-2717 / fax: 294-2432
www.pariskeywest.com

Wednesday, November 05, 2003

Dept of State
Div of Corporations
Box 6327
Tallahassee, FL 32314
Attn: Corporate Reinstatement Group

Please be advised that I did not receive an annual report or any documents concerning UBR or renewal or reinstatement fees for Paris Key West, Inc., FEI# 65-1062134, incorporated on November 20, 2000 in Florida. Corporation document # is P00000108369, signed by Katherine Harris, Secy of State of Florida.

At the time of incorporation, the business and personal address were both 3920 S. Roosevelt Ave in Key West, and, it is my guess, that any mail you sent was returned to you, not forwarded to the above business address or to my personal address (as noted on attached Reinstatement form).

I have kept up to date with all my other licenses (City, County, Dept of Biz & Prof. Reg), enclosed here being my current State Salon License. With this License up-to-date, I did not realize I was missing anything and am requesting that you waive anything beyond the normal fee. Enclosed is a check for that fee, \$158.75 (\$150 plus \$8.75 for Certificate).

Please update your records to show my current address and waive the late fee.

Thank you for your consideration,


Stephen Romandetta
Owner, Paris Salon