

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 OCT 22 PM 2:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P0000011281**

1. Corporation Name

BEAUX MONDES BEAUTIQUE, INC

2. Principal Office Address

4507 FURLING LANE

3. Mailing Office Address

(Same)

Suite, Apt. #, etc.

SUITE 116

Suite, Apt. #, etc.

City & State

DESTIN, FL

City & State

Zip

32541

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/11/00

5. FEI Number

59-3693956

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

GERE ANDERSON

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

124 E. Miracle Strip Parkway

Suite, Apt. #, Etc.

Suite 101

City

Mary Esther

State

FL

Zip Code

32569

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

Gere Anderson

REGISTERED AGENT MUST SIGN

Date **10/17/01**

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
Pres.	Martha Rogers	4507 Furling Lane Suite 116 Destin, FL 32541	Destin, FL 32541
VP	Gere Anderson	124 E. Miracle Strip. Pkwy Suite 101	Destin, FL 32569 Mary Esther

REINSTATEMENT

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:

Gere Anderson **GERE ANDERSON**

Date

10/17/01

Daytime Phone #

(850) 796-2579

CR2E081 (9/00)