

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2008 APR -1 AM 8:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # *P01000002249*

1. Corporation Name

WORLD BEAUTY SUPPLY & CLOTHING & MORE, *INC.*

2. Principal Office Address - No P.O. Box #

1970-76 LAKE WORTH RD

Suite, Apt. #, etc.

City & State

LAKE WORTH, FL

Zip

33161

Country

WEST PALM BEACH

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

CR2E081 (12/07)

05-08

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

01/05/2001

5. FEI Number

75-3098616

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

ALA HAMED

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

1970-76 LAKE WORTH RD

Suite, Apt. #, Etc.

City

LAKE WORTH, FL

State
FL

Zip Code
33161

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

REGISTERED AGENT MUST SIGN

ALA HAMED

Date *3.27.08*

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
P/D	ALA HAMED	1970-76 LAKE WORTH RD	LAKE WORTH, FL 33161

800121780638
04/01/08--01017--009 **600.00

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 contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALA HAMED

Date

3-22-08

Daytime Phone #

954-770-8297

B. Mitchell APR 1 2008