

2004

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1052

**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 OCT 18 AM 8:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000005997

1. Corporation Name

NEW BEAUTY AMERICA, INC.

5985 Stirling Road
5985 Stirling Road

2. Principal Office Address
5985 Stirling Road

3. Mailing Office Address
5985 Stirling Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Davie, Fl.

City & State

Davie, Fl.

Zip

33314

Country

USA

Zip

33314

Country

USA

4. Date Incorporated or Qualified

To Do Business in Florida - 01/17/2001

5. FEI Number

651068589

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

REINSTATEMENT 2004

7. Name and Address of Current Registered Agent

Name

MUKHTAR, AHMAD

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

13552 SW 21 ST

Suite, Apt. #, Etc.

City

Miramar, FL 33027

State

FL

Zip Code

33027

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

Date

REGISTERED AGENT MUST SIGN

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
PSD	MAJEED, TARIQ	13552 SW 21 ST	Miramar, FL 33027
VD	AHMAD, MUKHTAR	13552 SW 21 ST	Miramar, FL 33027

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

Date

10/11/04

(786) 346-5979

Daytime Phone #

CR2E081 (01/04)

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NEW BEAUTY AMERICA, INC.
5985 STIRLING RD.
DAVIE FL 33314

October 4, 2004

Florida Department of State
Division of Corporations
Corporate Filings
P.O. Box 6327
Tallahassee, FL 32314

Re: 2004 Annual report

Ladies and Gentlemen:

Attached please find Completed 2004 Annual Report along with a check in the amount of \$150.00. We sent a letter to your department when we changed our address. We did not know we had to send an amendment. As a result of our move, we did not receive the Annual Report. It would be greatly appreciated if you would reinstate New Beauty America, Inc., without a penalty.

Sincerely,

ALTAMAD MUKHTAR
MUKHTAR AHMED
Vice President