PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 OCT 25 PM 12:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000011240

1. Corporation Name

MAYA BEAUTY, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 7912 LEM TURNER RD.<br>JACKSONVILLE FL 32208 | 7912 LEM TURNER RD.<br>JACKSONVILLE FL 32208 |

REINSTATEMENT 02 $ )

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

| 2. New Principal Office Address, If Applicable | 3. New Mailing Office Address, If Applicable |
|---|---|
| Suite, Apt., #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

4. Date Incorporated or Qualified To Do Business In Florida: 01/29/2001

5. FEI Number: 59-3696170 (Applied For / Not Applicable)

6. CERTIFICATE OF STATUS DESIRED ☐

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

| Title(s) | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
|---|---|---|---|
| D/P | ABDIN, BOCHR | 7912 LEM TURNER RD. | JACKSONVILLE FL 32208 |
| VP | BASHITI, OMAR | 7912 LEM TURNER RD | JACKSONVILLE, FL 32208 |
| S/S | HAYKAL, MUNZER | 7912 LEM TURNER RD | JACKSONVILLE, FL 32208 |
| | | | |
| | | | |
| | | | |

700008582447
10/25/02--01009--002 **750.00

8. Name and Address of Current Registered Agent

ABDIN, BOCHR
7912 LEM TURNER RD.
JACKSONVILLE FL 32208

9. Name and Address of New Registered Agent

Name: BASHITI OMAR
Street Address (P.O. Box Number is Not Acceptable): 7912 LEM TURNER ROAD
Suite, Apt. #, etc.:
City: JACKSONVILLE State: FL Zip Code: 32208

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

OMAR SIGN

Signature of Registered Agent: [signature] Date: 10/23/02
REGISTERED AGENT MUST SIGN

11. I certify that I am an officer or director of 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(4)(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.

OMAR SIGN

SIGNATURE: [signature] 10/23/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0001471 AV

MAKE CHECK PAYABLE TO DOS # OF STATE FOR $750 AND MAIL IN THE ENVELOPE SENT WITH REINSTATEMENT