

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 30 PM 4:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000012517

1. Corporation Name

SALON DE CRUZ, INC.

Address wrong

NO SUCH ADDRESS #

Principal Place of Business

2607 S. HIAWASSEE RD
ORLANDO FL 32819

Mailing Address

2607 S. HIAWASSEE RD
ORLANDO FL 32819



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

2. New Principal Office Address, If Applicable

2615 S. HIAWASSEE

Suite, Apt. #, etc.

City & State

Orlando FL

Zip 32835 Country Orange

3. New Mailing Office Address, If Applicable

2615 S. HIAWASSEE

Suite, Apt. #, etc.

City & State

Orlando FL

Zip 32835 Country Orange

4. Date Incorporated or Qualified To Do Business in Florida

02/01/2001

5. FEI Number

58-368892-20

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

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	CRUZ, JOSE	2607 S. HIAWASSEE RD 2615	ORLANDO FL 32819 32835

300008708703
10/30/02--01116--001 **150.00

B n/b

8. Name and Address of Current Registered Agent

CRUZ, JOSE

2615 S. HIAWASSEE RD

ORLANDO FL 32819 32835

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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.

Signature of Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 10-22-02

11. 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-22-02

Date

Division Phone

CR2E040 (8/02)

to whom it may concern.

You mailed this to wrong address.
Therefore we never got the first
note. So I am sending you \$50.
My accountant called and changed the
address. Please be sure the
correct address is on your files.

Thank you

Jose Cruz
2615 S. Hiwassee
Orlando FL
32835