

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 MAY -4 PM 2:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #P01000014070

1. Corporation Name

EXCLUSIVE UNISEX BEAUTY SALON, INC.

2. Principal Office Address

14735 W. DIXIE HWY

Suite, Apt. #, etc.

City & State

N. MIAMI, FL

Zip

33181

Country

USA

3. Mailing Office Address

14735 W. DIXIE HWY

Suite, Apt. #, etc.

City & State

N. MIAMI, FL

Zip

33181

Country

USA

REINSTATEMENT 04-06

CR2E081 (12/05)

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

02/05/01

5. FEI Number

EIN 52-2308936

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

MARIE T. DESSOURCES.

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

14735 W. DIXIE HWY

Suite, Apt. #, Etc.

City

N. MIAMI

State

FL

Zip Code

33181

400075898114
06/07/06--01003--017 **450.00

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

Marie T. Dessources

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 |
|--------|--------------------------------------|---|--------------------|
| D | CHANTAL CHARLES | 14735 W. DIXIE HWY | N. MIAMI, FL 33181 |
| D | MARIE T. DESSOURCES | 14735 W. DIXIE HWY | N. MIAMI, FL 33181 |
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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:

Chantal Charles

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



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**EXCLUSIVE UNISEX BEAUTY
SALON INC.**

*14735 W. Dixie Hwy N. Miami, FL 33181
(305) 947-1810*

April 21, 2006

Florida Department of State
Division of Corporations

To Whom It May Concern:

My name is Marie T. Dessources I have spoken with Mr. Sean Toner on April 11, 2006 regarding a late charge that was input into my corporation and the cancellation of the corporation. I have told Mr. Sean Toner that I have not received the 2004 annual report notices.

My Ref. Number is: P1000014070 and if you have any question, please feel free to contact me at the above address and number.

Thank you,

Marie T. Dessources