

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 27 AM 10:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000019356

1. Corporation Name

ROBERT FRANK SALON, INC.

Principal Place of Business

Mailing Address

124 N.E. 2ND STREET
BOCA RATON FL 33432124 N.E. 2ND STREET
BOCA RATON FL 33432

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

02/21/2001

5. FEI Number

65-1078484

Applied For

Not Applicable

CERTIFICATE OF STATUS DESIRED ☐\$8.75 Additional Fee required
for Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	MIONE, SALVATORE SALVATORE	11074 WINDHARP CIR HIGHLAND CIR	BOCA RATON FL 33428
VP	MIONE, ROBERT B	10877 PINE BARK LANE	BOCA RATON FL 33428

800024102748
10/27/03--01019--020 **150.00

R (10/3)

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MIONE, SALVATORE F
124 N.E. 2ND STREET
BOCA RATON FL 33432

Name ROBERT MIONE

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

10877 PINE BARK LANE

Suite, Apt. #, Etc.

City

BOCA RATON

State

FL

Zip Code

33428

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

REGISTERED AGENT MUST SIGN

Date 10/15/03

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 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 taxes 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)(b), F.S. The information on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE

ROBERT MIONE

10/15/03

561 395 6506

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Robert Frank Salon, Inc.
124 N.E. 2nd St.
Boca Raton, Fl 33432

October-15, 2003

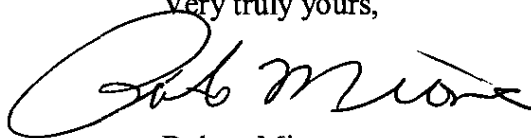
Department of State
Division of Corporations
PO Box 6327
Tallahassee, Fl 32314

Re: Robert Frank Salon, Inc.

Dear Sir or Madam:

We ask that the Reinstatement Fee be waived because we did not receive the annual report form. For future reference, please forward the form to the address entered above. Enclosed is a check for \$150, the annual filing fee.

Very truly yours,

A handwritten signature in black ink, appearing to read "Robert Mione", written over a horizontal line.

Robert Mione
Vice President