

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED  
AND  
FILED

06 JAN -5 PM 12:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P01000030163

1. Corporation Name

Perfection Styling Studio, Inc.

2. Principal Office Address

9501 Arlington Expressway

3. Mailing Office Address

9501 Arlington Expressway

Suite, Apt. #, etc.

Suite 545

Suite, Apt. #, etc.

Suite 545

City & State

Jacksonville, FL

City & State

Jacksonville, FL

Zip

32225

Country

USA

Zip

32225

Country

USA

**REINSTATEMENT**

03-06

4. Date Incorporated or Qualified  
To Do Business in Florida

03/19/2001

5. FEI Number

59-3713145

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

Sean Senior

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

451 Monument Road

Suite, Apt. #, Etc.

Apartment 1206

City

Jacksonville

State

FL

Zip Code

32225

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

*[Signature]*

Date

1/3/06

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
PD	Keenan McCardell	9501 Arlington Expressway, Suite 545	Jacksonville, FL 32225
VT	Sean D. Senior	9501 Arlington Expressway, Suite 545	Jacksonville, FL 32225
SD	Gerald S. Bettman	233 East Bay Street, Suite 1027	Jacksonville, FL 32202

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:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/3/06

Date

Daytime Phone #

FILED JAN 04 2006