

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

03 FEB 28 AM 8:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000035795**

1. Corporation Name

BERYL'S BEAUTY SALON, INC.

Principal Place of Business

Mailing Address

**7 NORTH OCEAN BLVD.
POMPANO BEACH FL 33062**

**7 NORTH OCEAN BLVD.
POMPANO BEACH FL 33062**

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

04/09/2001

5. FEI Number

65-1101038

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	FOLKES, BERYL	7 NORTH OCEAN BLVD.	POMPANO BEACH FL 33062
D	FOLKES, CLIFTON	7 NORTH OCEAN BLVD.	POMPANO BEACH FL 33062

8. Name and Address of Current Registered Agent

**ROSE, PETER A ESQ.
2101 N. ANDREWS AVE., STE. 200
FT. LAUDERDALE FL 33311**

9. Name and Address of New Registered Agent

Name **Beryl Folkles**
Street Address (P.O. Box Number is Not Acceptable)
7 N Ocean Blvd
Suite, Apt. #, Etc.
City **Pompano Beach** State **FL** Zip Code **33062**

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

1/17/03

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 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

1/17/03

Date

954-781-8090

Daytime Phone #

Beryl's Beauty Salon, Inc.
7 North Ocean Blvd
Pompano Beach, Florida 33062

February 17, 2003

Division of Corporations
Annual Report/Reinstatement Section
PO Box 6327
Tallahassee, Florida 32314-6327

Dear Sir or Madam:

Enclosed please find the signed APPLICATION FOR REINSTATEMENT.

We respectfully request that you reinstate our corporation without imposing the \$600 fee.

We never received the original Uniform Business Report so that we would be able to pay and mail in by May 2002.

We are writing this letter just as soon as we received the application for reinstatement and understood what had happened. Enclosed please find a check in the amount of \$150.

Based on this new information, please reinstate our corporation.

I can be contacted at 954-781-8090 with all questions and comments. Thank you very much for your attention to this matter.

Sincerely,

Beryl Folkes,
President

A handwritten signature in cursive script, appearing to read "Beryl Folkes", is written over a horizontal line.