

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 NOV 14 AM 10:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>CORPORATION REINSTATEMENT</b> 	FLORIDA DEPARTMENT OF STATE <b>Jim Smith</b> Secretary of State DIVISION OF CORPORATIONS
	02 1131

DOCUMENT # P01000035838

1. Corporation Name

ELDYS' BODY SHOP, INC.

2. Principal Office Address

9500 NW 79 Ave.

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Bay 14-15

City & State

Hialeah Gardens, FL

Zip

33016

Country

U.S.A

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

04/09/01

5. FEI Number

65-1147074

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

FABIAN ELDYS M

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

320 West Park Drive

Suite, Apt. #, Etc.

203

City

Miami

State

FL

Zip Code

33172

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

Date 10/31/02

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
P	Fabian Eldys M	320 W. Park Dr. # 203	Miami, FL. 33172
V	Alvarez Ariadna	320 W. Park Dr. # 203	Miami, FL. 33172
V	Cuesta Jose A	526 E 32 St.	Hialeah, FL. 33013
V	Cuesta Jose A Jr.	526 E 32 St.	Hialeah. FL. 33013

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/31/02 305-828-0080

Date

Daytime Phone #

CR2081 (9/01)

October 31, 2002

Uniform Business Report  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL. 32314


Re : 2002 uniform Business Report  
ELDYS' BODY SHOP, INC.  
P01000035838

Dear Sirs :

Attached please find Reinstatement Application for above mention Corporation and the Money order in the amount of \$ 150.00

We did not receive the 2002 Uniform Business report in time to file, please accept the attached Money order in the amount of \$ 150.00 fee for the Corporation Reinstatement.

If further information is needed please contact me.

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Eldys M Fabian  
9500 NW 79 Ave. Bay 14-15  
Hialeah Gardens, FL. 33016

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