

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 DEC 11 AM 8:00

DOCUMENT # P01000039318

**1. Corporation Name**

The Lakeview Salon, Inc.

**2. Principal Office Address**

1470 Coral Springs Drive

Suite, Apt. #, etc.

City & State

Coral Springs, FL

Zip

33071

Country

Broward

**3. Mailing Office Address**

6013 NW 91st Avenue

Suite, Apt. #, etc.

City & State

Parkland, FL

Zip

33067

Country

Broward

**REINSTATEMENT**

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

4-18-01

**5. FEI Number**

65-1096502

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

George A. Bruder, Jr.

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

6013 NW 91st Avenue

Suite, Apt. #, Etc.

City

Parkland

State

FL

Zip Code

33067

**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

REGISTERED AGENT MUST SIGN

Date

**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
Pres.	George A. Bruder, Jr.	6013 NW 91st Avenue	Parkland, FL 33067

**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

Date

Daytime Phone #

CR2E081 (10/02)

282

George A. Bruder, Jr.

6013 NW 91<sup>st</sup> Avenue  
Parkland, FL 33067

December 8, 2003

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: The Lakeview Salon, Inc.  
Document #P01000039318

2003 UBR

Ladies and Gentlemen:

I purchased this corporation and the corporate renewal paperwork was not forwarded to me. Enclosed is the completed corporation reinstatement form and the renewal fee of \$150.00. I am asking that you waive the penalty normally charged for reinstatement due to the fact that we did not receive the renewal paperwork.

If further information is required, please contact me at the above address.

Thank you.

Sincerely,



George A. Bruder, Jr.  
President  
The Lakeview Salon, Inc.

Enclosures