

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

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

DOCUMENT # P01000041104

1. Corporation Name

BONJOUR' CA VA SALON & DAY SPA, INC.

Principal Place of Business

2600 CORDOVA WAY SOUTH
ST. PETERSBURG FL 33712

Mailing Address

2600 CORDOVA WAY SOUTH
ST. PETERSBURG FL 33712

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3114 LAYE NO.
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

SAME 3114 LAYE
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

04/23/2001

5. FEI Number

593714128

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
PRESIDENT	KEITH C. FLOURNOY	2600 CORDOVA WAY S.	ST. PETERSBURG FL 33712
VICE PRESIDENT	BETANEE V. FLOURNOY	" " "	" " "

4000009005854
11/14/02--01067--010 **150.00

8. Name and Address of Current Registered Agent

FLOURNOY, KEITH C
2600 CORDOVA WAY SOUTH
ST. PETERSBURG FL 33712

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Keith C. Flournoy
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

11/12/02

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:

Keith C. Flournoy
SIGNATURE REQUIRED

SIGNATURE AND SIGNED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/12/02 727-331-3726

CR2E040 (8/02)

11/12/02

DID NOT RECEIVE DUE TO POSTAL
SERVICE

WENT TO 2600 CASTLE WAY SO.

THANK

YOU

THE PRINCE