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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

07 APR 13 AM 7:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000041252

1. Corporation Name

Impeccable Beauty Salon, Inc

09/03/02 90001 030 \$550.00

2. Principal Office Address - No P.O. Box #
706 W. Boynton Beach Blvd

3. Mailing Office Address
112 SE 7th Avenue

REINSTATEMENT 02-07
CR2E081 (1/07)

Suite, Apt. #, etc.
Suite 107

Suite, Apt. #, etc.

City & State
Boynton Beach, FL

City & State
Boynton Beach, FL

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number
65-1102296

Applied For
Not Applicable

Zip
33426

Country
USA

Zip
33435

Country
USA

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Youvela Molnar

Street Address (P.O. Box Number is Not Acceptable)
6710 Old Farm Trail

Suite, Apt. #, Etc.

City
Boynton Beach

State
FL

Zip Code
33437

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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 4/10/07

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
D	Saget, Rosemary L.	112 SE 7th Avenue	Boynton Beach, FL 33435

800099261578
04/30/07--01003--020 **350.00

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

561-736-4803

Daytime Phone #

846-736-6423

March 12, 2007

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Dear Division of Corporations,

This letter is to explain the situation of my business for the past few years. I have been out of business due to the hurricane because the hurricane destroyed the building where my business was located and prior I did not receive and reinstated form for the business I tried to file without knowing the proper fee I need to send which was \$ 550.00 in your record should be applied to my filing for the new location. I was advised by one of your agents to send another \$ 350.00 fee which should complete the transaction. Thank you for your assistance if you have any question please do not hesitate to call me 561-736-4523. Document # P01000041252

Sincerely,

Rosemary Saget

A handwritten signature in cursive script that reads "Rosemary Saget". The signature is written in black ink and is positioned to the right of the printed name "Rosemary Saget".