

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 NOV 15 AM 11:52

DOCUMENT # P01000052800

1. Corporation Name

ELEGANT BEAUTY SUPPLIES, INC.

709 N. TAMARIND AVENUE

2. Principal Office Address

709 N. TAMARIND AVENUE

Suite, Apt. #, etc.

City & State

WEST PALM BEACH, FL

Zip

33401

Country

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

**4. Date Incorporated or Qualified -
To Do Business in Florida 5/21/2001**

5. FEI Number
65-1107418

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

2004

7. Name and Address of Current Registered Agent

Name

MOHAMED JARRAR

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

709 N. TAMARIND AVENUE

Suite, Apt. #, Etc.

City

WEST PALM BEACH

State
FL

Zip Code
33401

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

Mohamed Jarrar

REGISTERED AGENT MUST SIGN

Date

11/11/04

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/D/S	MOHAMED JARRAR	709 N. TAMARIND AVENUE	WEST PALM BEACH, FL 33401
D	GEORGE MOBASSALEH	709 N. TAMARIND AVENUE	WEST PALM BEACH, FL 33401

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:

Mohamed Jarrar

PRESIDENT

11/11/04

561-802-4411

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/22/04

2/2

ELEGANT BEAUTY SUPPLIES, INC.
709 N. TAMARIND AVENUE
WEST PALM BEACH, FL 33401

November 11, 2004

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

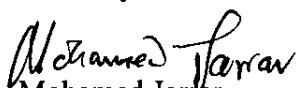
Re: Annual Report – 2004 Document # P01000052800

Dear Sir:

We recently received a notice from your office about administrative dissolution of our above corporation. We want to state that we did not receive the Annual Report Form for 2004 so we could not file the report on time. As you can see from our past history, we have always filed our report on time. In response to your letter, we are enclosing a check for \$150.00 for Annual report fee along with completed reinstatement form. Please waive the reinstatement fee and file the annual report for 2004.

Thanks very much for your consideration.

Sincerely


Mohamed Jarrar
President