

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

FILED

03 OCT 13 PM 1:04

DOCUMENT # P01000057467

1. Corporation Name

BEAUTY DECOR & CONSULTING, INC.

Principal Place of Business

7108 DEMERICI CIRCLE
DELRAY BEACH FL 33446

Mailing Address

7108 DEMERICI CIRCLE
DELRAY BEACH FL 33446

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

2. New Principal Office Address, If Applicable

Demedici C/R.
Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Demedici C/R.
Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/11/2001

5. FEI Number

NOT APPLICABLE

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
PTD	EDMONDS, HARLAN P III	7108 DEMERICI CIRCLE	DELRAY BEACH FL 33446
SVD	EDMONDS, VALERIE ANN	7108 DEMERICI CIRCLE	DELRAY BEACH FL 33446

8. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
349 ALMERIA AVENUE
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

Name

H. P. Edmonds III

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

7108 Demedici C/R.

Suite, Apt. #, Etc.

City

Delray Beach

State

FL

Zip Code

33446

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

Harlan P. Edmonds III
REGISTERED AGENT MUST SIGN

Date

10-5-2003

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:

Harlan P. Edmonds III
Harlan P. Edmonds III
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

561-637
10-5-03 2902

CR2ED40 (7/03)

Beauty Décor & Consulting
7108 De Medici Circle
Delray Beach, Fl 33446

October 5,2003

Glenda H. Hood
Secretary Of State
Florida Department Of State
Division Of Corporations
P.O. Box 63277
Tallahassee, Florida 32314

Dear Ms. Hood:

Beauty Décor & Consulting, Inc. did not receive the two prior UBR notices for 2003.
The street address is incorrect.

Please note the correct spelling of De Medici and Delray Beach on attached application.

Enclosed is my filing fee for \$150.00...

Please call if you have any questions, (561) 637-2902.

Sincerely,

A handwritten signature in black ink, appearing to read "Harlan Parker Edmonds III". The signature is fluid and cursive, with the "III" at the end written in a stylized, slightly detached manner.

Harlan Parker Edmonds III
President