

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


FILED

2005 NOV -8 AM 10:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700061257967
11/08/05--01044--001 **1050.00

REINSTATEMENT 03-05

CORPORATION REINSTATEMENT	 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # PD1000067855

1. Corporation Name

EAST LAKE HAR SALON, INC.
3438 EAST LAKE ROAD STE. 18
PALM HARBOR, FL 34685

2. Principal Office Address

SAME

3. Mailing Office Address

3438 EAST LAKE ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

18

City & State

City & State

PALM HARBOR, FL

Zip

Country

Zip

Country

34685

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-3731997

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

NANCY AYERS

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

3438 EAST LAKE ROAD #18

Suite, Apt. #, Etc.

City

PALM HARBOR

State

FL

Zip Code

34685

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

Nancy Ayers

Date

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
P	NANCY AYERS	3438 EAST LAKE RD. #18	PALM HARBOR, FL 34685

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

Nancy Ayers

Date

11/1/05

Daytime Phone #

727
785-7100

CR2E031 (01/05)

11/900