


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2005 NOV -8 AM 10: 34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # PD1000067855

1. Corporation Name  
*EAST LAKE HAR SALON, INC.*  
*3438 EAST LAKE ROAD STE. 18*  
*PALM HARBOR, FL 34685*

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

**REINSTATEMENT 03-05**

2. Principal Office Address <i>SAME</i>		3. Mailing Office Address <i>3438 EAST LAKE ROAD</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <i>18</i>	
City & State		City & State <i>PALM HARBOR, FL</i>	
Zip	Country	Zip	Country
		<i>34685</i>	<i>USA</i>

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* REGISTERED AGENT MUST SIGN Date \_\_\_\_\_

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
<i>P</i>	<i>NANCY AYERS</i>	<i>3438 EAST LAKE RD. #18</i>	<i>PALM HARBOR, FL 34685</i>

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: *Nancy Ayers* *Nancy Ayers* Date *11/1/05* Daytime Phone # *727 785-7100*

CR2E031 (01/05)

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