


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P01000075923**

1. Corporation Name

ALL IN ONE Salon, INC

2. Principal Office Address

101 E Kennedy Blvd
Suite, Apt. #, etc.
330

City & State

Tampa FL

Zip

33602

Country

USA

3. Mailing Office Address

P.O. Box 21052
Suite, Apt. #, etc.

City & State

Tampa FL

Zip

33622

Country

USA

REINSTATEMENT 02-84

4. Date Incorporated or Qualified
To Do Business in Florida

02-Aug-01

5. FEI Number

52-2335297

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

Suzette ALonso, Esquire

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

~~P.O. Box 172477~~ 309 W. MLK JR. BLVD.

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

~~336722472~~ 33603

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



REGISTERED AGENT MUST SIGN

Date **6-29-04**

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
President	Betty J. Lamb	3321 W. Cypress St	Tampa, FL 33622

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

29 Jun 04

Date

813 546 0151

Daytime Phone #

CR2E081 (01/04)