


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		04 FEB -9 PH 4:22 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # P01000091843					
1. Corporation Name IPANEMA SALON CORPORATION					
2. Principal Office Address 3800 S. OCEAN DR G1 Suite, Apt. #, etc. G-1			3. Mailing Office Address Suite, Apt. #, etc.		
City & State HOLLYWOOD FL			City & State		
Zip 33019		Country Broward		4. Date Incorporated or Qualified To Do Business in Florida	
5. FEI Number 65-1138157				Applied For <input type="checkbox"/> Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent					
Name JULIETA DOYLE					
Street Address (P.O. Box Number is Not Acceptable) 15102 NW 7CT					
Suite, Apt. #, Etc.					
City Pembroke Pines				State FL	
				Zip Code 33026	
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 <u>[Signature]</u> 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		
PD	JULIETA DOYLE	15102 NW 7CT	Pembroke Pines, FL		
			33026		
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: <u>[Signature]</u> 2-2-04 9544559920					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <small>Date</small> <small>Daytime Phone #</small>					

CR2E081 (10/02)

200Y

2004 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P010000 91843

1. Entity Name

IPA NEMA SALON CORPORATION

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

02 MAR -1 AM 11:07

Principal Place of Business

Mailing Address

Rm 101

3800 S. OCEAN DR. - G-1
HOLLYWOOD, FL. 33019

2. Principal Place of Business

3800 S. OCEAN DR.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Hollywood FL.

City & State

4. FEI Number

65-1138157

Applied For

Not Applicable

Zip

33019

Country

Broward

Zip

Country

5. Certificate of Status Desired ☐\$875 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

JULIETA DOYLE

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

15102 NW 7 CT

Pembroke Pines

City

FL

Zip Code

33028

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

2-25-04

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐FILE NOW!!! FEE IS \$550.00
After September 12, 2004 Fee will be \$750.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME ☐ Delete
JULIETA DOYLE
STREET ADDRESS 15102 NW 7 CT
CITY-ST-ZIP Pembroke Pines, FL. 33028TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIPTITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIPTITLE NAME ☐ Delete
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CITY-ST-ZIPTITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 100005074181--9
CITY-ST-ZIP -03/08/02--0108--022
****150.00 ****150.00TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIPTITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIPTITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIPTITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIPTITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

Julieta Doyle

2-25-04

Ipanema Salon Corporation
3800 S. Ocean Drive G1
Hollywood, Fl. 33019

February 2, 2004

Florida Dept of State
Reinstatement Dept

Gentlemen:

I have just called your department for reason why we didn't receive our forms for this year. I was informed that the corporation was dissolved for non payment. I mentioned that we never receive the 2003 form. The person said that the forms were returned to your office.

Upon checking the address, your department failed to correct the address on your records.

Year 2002 we had not received our form. So we had to send in manual form showing our address as 3800 S. Ocean Drive G-1. Per your records you show 3801 S, Ocean Dr.

Enclosed you will find check in amount of \$300 to pay for the UBR for Years 2003 and 2004.

If you have any questions, please contact my accountant: Charles Ballo, 954-782-8800.

Very truly yours,


Julieta Doyle