

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

DIVISION OF CORPORATIONS

FILED

03 JAN 24 AM 11:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000109306

1. Corporation Name

GREAT AMERICAN BEAUTY, INC.

Principal Place of Business

17045 BROOKWOOD DR
BOCA RATON FL 33496

Mailing Address

17045 BROOKWOOD DR
BOCA RATON FL 33496

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/14/2001

5. FEI Number

65-1153654

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
PRES	HAROLD LEKOVICS	17045 BROOKWOOD DR	BOCA RATON, FL 33496
V.P.	EDIE ROBINSON	17045 BROOKWOOD DR	BOCA RATON, FL 33496

0000106994 PD
01/24/03--01079--004 **150.00

8. Name and Address of Current Registered Agent

BREGMAN, HOWARD
GREENBERG TRAURIG, P.A.
777 S FLAGLER DR, STE 300 EAST
W PALM BEACH FL 33401

9. Name and Address of New Registered Agent

Name HAROLD LEKOVICS

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

17045 BROOKWOOD DR

Suite, Apt. #, Etc.

City

BOCA RATON

State

FL

Zip Code

33496

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

SIGNATURE REQUIRED

Date

12/21/02

REGISTERED AGENT MUST SIGN

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/21/02

CR2E040 (8/02)