

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 MAY -4 PM 4:17

DOCUMENT #

1. Corporation Name
P02000004115
DEVINE SPA & SALON INC

2. Principal Office Address - No P.O. Box #

210 SAN GABRIEL STREET

Suite, Apt. #, etc.

City & State

PANAMA CITY BEACH, FL

Zip

32413

Country

3. Mailing Office Address

2111 THOMAS DRIVE

Suite, Apt. #, etc.

City & State

PANAMA CITY BEACH, FL

Zip

32407

Country

100180280831
05/04/10--01052--005 **608.75
CR2E081 (11/09)

4. Date Incorporated or Qualified
To Do Business in Florida 01/14/2002

5. FEI Number
90-00006126

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

JAMES A ADAMCZYK

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

210 SAN GABRIEL STREET

Suite, Apt. #, Etc.

City

PANAMA CITY BEACH

State

FL

Zip Code

32413

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 29 APR 10

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
CEO	JAMES A ADAMCZYK	210 SAN GABRIEL STREET	PANAMA CITY BEACH, FL 32413

10. E-mail Address: WALLACE@FRENCHANDFRENCH.COM

(To be used for future annual report notification)

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. I further certify, 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

850-235-0362

Date

Daytime Phone #