

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1052

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JUN 24 AM 10:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000007198

1. Corporation Name

THE BEAUTY MAN, INC.

2701 SW 3RD AVE.
SAME AS PRICIPAL

2. Principal Office Address

2701 SW 3RD AVE.

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

Zip

33129

Country

USA

3. Mailing Office Address

SAME AS PRICIPAL

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 03-04

4. Date Incorporated or Qualified

To Do Business in Florida 01/22/2002

5. FEI Number

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

FRANK M. MARKS

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

2701 SW 3RD AVENUE

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33129

000038483060
06/30/04--01048--009 **100.00
000038483060
06/30/04--01048--010 **50.00

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

Date 06/11/04

REGISTERED AGENT MUST SIGN

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
P/S/T/L	LEOCADIO ALBA	2701 SW 3RD AVENUE	MIAMI, FLORIDA 33129

000038483060
06/30/04--01048--011 **150.00

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

Date

06/11/04

Daytime Phone #

CR2E081 (01/04)

202

June 11, 2004

Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, Florida 32399

Re: THE BEAUTY MAN, INC.

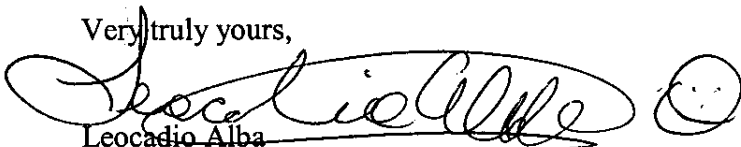
To Whom It May Concern:

The following is in request for my corporation, The Beauty Man, Inc., to be reinstated and for the waiver of the reinstatement fee.

My corporation was dissolved on September 19, 2003, for not complying with the annual report and fee. I ask that you kindly waive the reinstatement charge since I never received the annual report through mail. I moved from the principal and mailing address under the corporation about two years ago and believe the mail was never forwarded to me.

I attach a copy of the corporation reinstatement from for this purpose.

Very truly yours,


Leocadio Alba