

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # PO2000009405

1. Corporation Name

A NATURAL LOOK PERMANENT MAKEUP, INC

2. Principal Office Address - No P.O. Box #
109 PARK LANE EAST

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HYPOLUXO SHORES, FLA.

City & State

Zip

33462

Country

PALM BEACH

Zip

Country

7. Name and Address of Current Registered Agent

Name
FARNSWORTH, SHANE, M

Street Address (P.O. Box Number is Not Acceptable)
70 SOUTHEAST FOURTH AVE.

Suite, Apt. #, Etc.

City

DELRAY BEACH, FLA.

State

FL

Zip Code

33483

4. Date Incorporated or Qualified
To Do Business in Florida

2004

5. FEI Number
431955000

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

☒ 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

Shane Farnsworth
REGISTERED AGENT MUST SIGN

Date

10/15/08

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
D	GEEGEE MORGAN	109 PARK LANE EAST	HYPOLUXO SHORES FL 33462
D	STEPHANIE TARVER	205 CHARTER LANE #200	MACON, GA 31210
D	IRIS MURRAY	332 N. CONGRESS AVE	BOYNTON BEACH FL. 33427
		RH	
	REINSTATEMENT		

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 contained in Chapter 119, 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:

Geegee Morgan

GEEGEE MORGAN

10/15/08

561-588-1514

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Check fee 2007 \$150
08 OCT 20 PM 2008 \$150
SECRETARY OF STATE
TALLAHASSEE, FLORIDA 300.00

1720

300137066779
10/20/08--01024--011 **300.00

CR2E081 (10/08)