

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

04 MAY -6 PM 4:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000015998**

1. Corporation Name

**EUROPEAN WAY CENTER**

2. Principal Office Address

**3009 Avenida Blvd.**

Suite, Apt. #, etc.

City & State

**Aventura, FL**

Zip

**33180**

Country

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

**REINSTATEMENT**

**03-04**

4. Date Incorporated or Qualified  
To Do Business in Florida

**2/12/02**

5. FEI Number

**71-0950636**

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

**CMS International Enterprises, Inc.** **800035720988**

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

**3009 Avenida Blvd.**

Suite, Apt. #, Etc.

City

**Aventura,**

State  
**FL**

Zip Code

**33180**

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

**Carlos Sarmiento**

REGISTERED AGENT MUST SIGN

Date **4-22-04**

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
PR	<b>DAVID COBA</b>	<b>17150 N. BAY RD #2606</b>	<b>SUNNY 46003, FL 33160</b>
VP	<b>AND COBA</b>	<b>622 TRAFALGAR COURT</b>	<b>DAVIE, FL 33004</b>
SEC	<b>JOSEPH COBA</b>	<b>401 NE 1<sup>st</sup> Ct. (411)</b>	<b>HALLANDALE, FL 33009</b>

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:

**DAVID COBA (PR)**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-22-04**

Date

Daytime Phone #

**305 983-3391**

CR2E081 (01/04)

TR

PS 2R

# European Wax Center

3009 Aventura Blvd.  
Aventura, FL 33180

p.305.933.3391  
f.305.945.9010

April 26, 2004

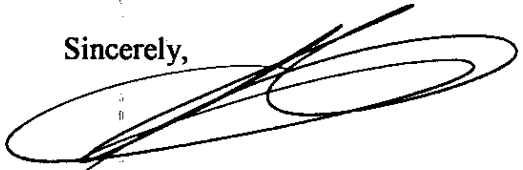
Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

RE: Reinstatement of European Wax Center, FEI#71-0950636

To Whom It May Concern:

As per your request, this letter is to confirm that we did not file the annual report due to it being sent to the wrong address. The correct address is listed properly on the reinstatement form to follow. In addition, I have enclosed a check in the amount of \$300.00 as you have requested. If you have any questions or need any further information, please do not hesitate to contact me. Thank you for your help with this matter.

Sincerely,



David Coba  
(President)