

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 17 AM 8:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000021953**

1. Corporation Name

**IDENTITY SALON, INC.**

Principal Place of Business

Mailing Address

10525 PARK BLVD  
SUITE 103  
SEMINOLE FL 33772

10525 PARK BLVD  
SUITE 103  
SEMINOLE FL 33772

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

02/27/2002

5. FEI Number

41-2029165

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	CHOUINARD, JENNIFER	10525 PARK BLVD	SEMINOLE FL 33772
STD	BALTZER, MARY	10525 PARK BLVD	SEMINOLE FL 33772

800023915088  
10/17/03--01089--023 \*\*150.00

8. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI FL 33145

9. Name and Address of New Registered Agent

Name

MARY-BALTZER

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

7400 44th AVENUE

Suite, Apt. #, Etc.

# 419

City

ST. Petersburg

State

FL

Zip Code

33709

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

*Mary Baltzer*  
**SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

Date **10-14-03**

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:

*Mary Baltzer*  
**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**10-14-03**

Date

**727-319-6163**

Daytime Phone #

CR2EQ40 (7/03)

Identity Salon, Inc.  
10525 Park Blvd Suite #103  
Seminole, FL 33772

# Identity Salon, Inc

October 14, 2003

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

Dear Division of Corporations:

I have recently received some paperwork concerning the dissolution of the Identity Salon Corporation. It is my intention to ask the state not to dissolve the corporation and to waive the re-instatement fee. The corporation did not receive the two previous uniform business report notices. We are currently looking into how this occurred since the address information the State has is correct.

Please accept the enclosed check for \$150.00 for the for-profit corporation

Thank you for your time with assisting me in this matter. If further information is required for the State, please use the address at the top of the page or call me at 727-319-6163.

Sincerely,

  
Jennifer Chouinard  
Identity Salon, Inc.