

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

04 APR 26 PM 12:31

DOCUMENT # P02000057349

**1. Corporation Name**

Passion Salon Inc.

**REINSTATEMENT** 03-04

**2. Principal Office Address**

90 Palm Harbor Village Way  
Suite, Apt. #, etc.

**3. Mailing Office Address**

90 Palm Harbor Village Way  
Suite, Apt. #, etc.

**City & State**

Palm Coast, FL

Zip 32137 Country

**City & State**

Palm Coast, FL

Zip 32137 Country

**4. Date Incorporated or Qualified  
To Do Business in Florida**

5/22/02

**5. FEI Number**

47-0876951

**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**

Donald W. Duncan

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

21 Old Kings Rd N

**Suite, Apt. #, Etc.**

B-110

**City**

Palm Coast, FL

**State**

FL

**Zip Code**

32137

800034752278

04/29/04--01067--004 \*\*150.00

**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**

REGISTERED AGENT MUST SIGN

Date

**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
Pres	Maria Pinto	90 Palm Harbor Village Way	Palm Coast, FL 32137

**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

Daytime Phone #

4-20-4 386 445 5848

CR2E081 (07/04)

Passion Salon Inc.  
9 D Palm Harbor Village Way  
Palm Coast, Fl. 32137  
April 9, 2004

Divisions of Corporations  
P.O. Box 6327  
Tallahassee, Fl. 32314

To Whom it May Concern,

Enclosed is my completed 2003 Corporate Reinstatement form. I originally filed my 2003 Uniform Business Report and remitted with a check in the amount of \$150.00 in January 2003. In attempting to renew the corporation in 2004 I was told the corporation had been dissolved due to a late of the EIN on the original return. I never received notice that the corporation was being dissolved or that the original report did not have the EIN on it.

I have also enclosed a completed 2004 Uniform Business Report along with a check in the amount of \$150.00.

I ask that the late filing penalty be waived since I did not receive notice that there was a problem with my 2003 report. Thank you for your help in this matter.

Sincerely,

Maria Pinto, Pres.  
enc: 2003 Reinstatement Form  
2004 Uniform Business Report  
Check for \$150.00