

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 NOV 24 AM 10:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000059913**

1. Corporation Name

**ER HAIR AND NAIL SALON INC.**

Principal Place of Business

Mailing Address

**2878 S. OSCEOLA AVENUE  
ORLANDO FL 32806**

**2878 S. OSCEOLA AVENUE  
ORLANDO FL 32806**

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

**REINSTATEMENT** 03

Always Indicate if Qualified  
To Do Business in Florida

**05/30/2002**

5. FEI Number

Applied For

**01-0726800**

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PVST	SMITH, ELSA	2878 S. OSCEOLA AVENUE	ORLANDO FL 32806
D	SMITH, ELSA	2878 S. OSCEOLA AVENUE	ORLANDO FL 32806

10/17/03--01019--010 \*\*150.00  
300025870223  
10/17/03--01019--010 \*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**SMITH, ELSA  
2878 S. OSCEOLA AVENUE  
ORLANDO FL 32806**

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

**FL**

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

**SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

Date **10-13-03**

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:

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

Date

Daytime Phone #

**10-13-03 407-425-3838**

CR2E040 (7/03)

November 21, 2003

To: Florida Department of State  
Division of Corporation  
P.O. Box 6327  
Tallahassee, Florida 32314

From: E. R. Hair & Nails/Elsa Smith M.  
2878 S. Osceola Avenue  
Orlando, FL 32806  
Phone: (407) 709-2316  
(407) 425-3838

**Re: Reinstatement of Corporation License**

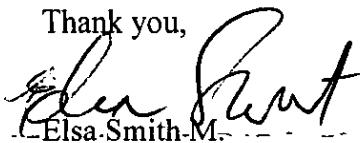
To Whom It May Concern:

This letter is to notify your office that the reason I did not renew the corporation License is because I never received any of the two notice of uniform business report.

Thank you for the attention to this matter.

Please feel free to contact me at address and telephone number listed above or any additional information

Thank you,

  
Elsa Smith-M.