

B19C

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JUL -1 PM 2:13

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS
W05003 029989

DOCUMENT # P02000062649

1. Corporation Name
Alberto OF TORONTO SPA SALON, INC.
8738 E. STATE ROAD 70
BRADENTON, FL 34202-3720

2. Principal Office Address
8738 E. State Rd 70

3. Mailing Office Address
SAME AS ABOVE

REINSTATEMENT 63-05-

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
BRADENTON, FLORIDA

City & State

Zip
34202

Country
MANATEE

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida 6-10-02

5. FEI Number
82-0551454

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
AAA Bookkeeping + TAX SERVICE

Street Address (P.O. Box Number is Not Acceptable)
P.O. Box 477 100056024941

Suite, Apt. #, Etc. 06/10/05--01042--003 **450.00

3639 CORTEZ ROAD WEST STE 250

City
BRADENTON,

State
FL

Zip Code
34210

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 Paula C. Rogers, CPA

Date 6/2/05

REGISTERED AGENT MUST SIGN

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.	Goffredo Mameli	8738 E. State Rd 70 (PRESIDENT)	BRADENTON, FL. 34202

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: Goffredo Mameli

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6 June 05-941-755.5350

Date

Daytime Phone #

CR2001 (01/05)

PS 282

June 2, 2005

Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: Alberto of Toronto Spa Salon, Inc.
FEIN # 82-0551454

We are enclosing a reinstatement form for the above Corporation. We never received any notices of filing fees for 2005 and prior years. We suspect that the reason was an incorrect mailing address. Our correct address is: 8738 State Road 70 East, Bradenton, Florida 34202.

As we were unaware of the fees, we are requesting a reinstatement and to waive the penalty fees.

Enclosed is a check for \$450.00 for the years 2003 – 2005.

Sincerely,

Goffredo Mameli

Goffredo Mameli
Alberto of Toronto Spa Salon, Inc.
8738 State Road 70 East
Bradenton, FL 34202