

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 NOV 12 PM 2:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000078535

1. Corporation Name

Franco's Beauty Center Inc.

2. Principal Office Address

4154 Tamiami Trail N.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Naples Fla.

City & State

Zip

34103

Country

U.S.A.

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

July 2002

5. FEI Number

04-3703351

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

Franco Morello

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

2468 Kings-Lake Blvd.

Suite, Apt. #, Etc.

City

Naples Fla. 34112

State

FL

Zip Code

34112

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date 11.01.04

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
Pres.	Franco Morello	2468 Kings-Lake Blvd.	Naples FL 34112

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]*

Franco Morello

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11.01.04

Date

239-262-3636

Daytime Phone #

CR2E081 (07/04)

Florida Department of State

To whom it may concern;

We have not received any yearly notice and at this point so my request is to please waive the registration fees.

It would be appreciated if we could just pay the regular fees to keep the corporation going. Please let me know as soon as possible.

Enclosed you will find a check for \$150.00 to cover the regular fees.

Thank you very much for a fast response

Sincerely;

A handwritten signature in black ink, appearing to read 'F. Morello', written in a cursive style.

Franco Morello