

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #** P02000086414

**1. Corporation Name**

ESTEBAN SALON UNISEX, INC.

**2. Principal Office Address**

1191 W. 35 St.

Suite, Apt. #, etc.

**City & State**

Hialeah, Fl. 33012

**Zip**

33012

**Country**

U.S.

**3. Mailing Office Address**

P.O. Box 22651

Suite, Apt. #, etc.

**City & State**

Hialeah, Fl. 33002

**Zip**

33012

**Country**

U.S.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 MAY -6 AM 8:00

**REINSTATEMENT**

03-04  
MRD

300035718893  
05/06/04--01064--029 \*\*150.00

300035718893  
05/06/04--01064--029 \*\*150.00

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

**5. FEI Number**  
54-2067954

**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**

Esteban Bravo

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

1191 W. 35 St.

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

**City**

Hialeah

**State**

FL

**Zip Code**

33012

**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**

*Esteban Bravo*

**Date** 4-28-04

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
PSTD	Esteban Bravo	1191 W. 35 St.	Hialeah, Fl. 33012

**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:**

*Esteban Bravo* PRESIDENT  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-04  
Date

305-822-1803  
Daytime Phone #



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**ESTEBAN SALON UNISEX**  
1191 West 35th Street, Hialeah, FL 33012  
Tel: (305) 822-1803

04/26/2004

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

2003 UBR

Ref: Document # P02000086414

To Whom It May Concern:

This letter is to inform you the reason that our annual report was never filed was because it was never received.

Attached you will find a check for the amount of \$300.00 and the report which I downloaded.

Thank you for your attention.

Sincerely,

*Esteban Bravo*  
Esteban Bravo