

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

05 MAR 21 PM 1:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

P02000107/08

MA & DOAN Cosmetology Incorporated

2. Principal Office Address

1339 Missouri Ave N

Suite, Apt. #, etc.

3. Mailing Office Address

1339 Missouri Ave. N

Suite, Apt. #, etc.

City & State

Largo, FL

Zip Country  
33770 USA

City & State

Largo, FL

Zip Country  
33770 USA

4. Date Incorporated or Qualified  
To Do Business in Florida

10/17/02

5. FEI Number

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

Vien L. Ma

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

1339 Missouri Ave. N.

Suite, Apt. #, Etc.

City

Largo

State  
FL

Zip Code

33770

200049891802  
04/05/05-01029-001

\$1050.00

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

*[Signature]*

Date 3/17/05

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
P	Vien L. Ma	1339 Missouri Ave. N.	Largo, FL. 33770
V	Phuong Doan	1339 Missouri Ave. N.	Largo, FL. 33770

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/05

Date

(727) 585-1836

Daytime Phone #

CR2E081 (01/05)