

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

192

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 NOV -5 AM 8:00

DOCUMENT # P02000122683

1. Corporation Name

AROMA BEAUTY SALON, INC.

Principal Place of Business

904 S BUMBY AVE  
ORLANDO FL 32803

Mailing Address

904 S BUMBY AVE  
ORLANDO FL 32803



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

11/14/2002

5. FEI Number

753087251

Applied For

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
P	PADILLA, VIOLETA	904 S. BUMBY AVE.	ORLANDO FL 32803

8. Name and Address of Current Registered Agent

DELGADO, MIRIAM A  
7806 ELMSTONE CIRCLE  
ORLANDO FL 32822

9. Name and Address of New Registered Agent

Name

Street Address (P.O.)

Suite, Apt. #, Etc.

City

Violeta Padilla

El Señor es 397 Weathersfield Ave.

mi pastor Altamonte Springs, FL 32714

State  
FL

Zip Code

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 10/10/03

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Violeta Padilla

Date 10/10/03 Daytime Phone # 407-288-1560

CR2040 (7/03)

Attachment

202  
90153797  
#P02000122683

August 25, 2003

Florida Department of State  
Uniform Business Report Filings  
Division of Corporations  
P.O Box 1500  
Tallahassee, Florida 32302-1500

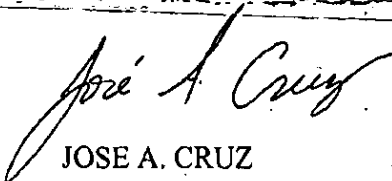
To Whom It May Concern:

The purpose of this letter is to request the acceptance of the Uniform Business Report (UBR) from **Aroma Beauty Salon** along with the \$150.00 registration fee. We recognize that the filing is late but, there are various reasons why.

The beauty salon was purchase by Violeta Padilla on May 1, 2003 from Miriam A Delgado, at the time Violeta Padilla, the new owner was not acquainted with the process and she never received the UBR from the seller of the business. If you have further questions, or if you need more information do not hesitate to call Jose A. Cruz at 305-790-8036.

Once again thank you, and we apologize for the inconvenience.

Cordially,



JOSE A. CRUZ  
Accountant