

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

06 JUL 31 AM 9:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P03000054435

1. Corporation Name

ESTUDIO SALON IMAGEN Y FIGURA, INC.

2. Principal Office Address

752 W. FLAGLER ST.

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

Zip  
33130

Country  
U.S.A.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 04-06

CR2E081 (12/05)

4. Date Incorporated or Qualified  
To Do Business in Florida

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

SHIRLEY QUESADA

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

752 WEST FLAGLER STREET

Suite, Apt. #, Etc.

City  
MIAMI

State  
FL

Zip Code  
33130

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

REGISTERED AGENT MUST SIGN

Date 07/24/2006

**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
DP	QUESADA, SHIRLEY	752 W.FLAGLER ST.	MIAMI, FL 33130

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 contained in Chapter 119, 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:

SHIRLEY QUESADA 07/24/2006

(305)725-5016

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

April 14, 2006

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

RE: Reinstatement

Dear Sir or Madam:

I am writing this letter as per your instructions because as I have explained I have never received the form to renew my corporation. In addition, I would like to let you know that I telephoned in numerous times to ask for the forms, but as of today's date, I have not received any answer from your office.

I am submitting the Reinstatement Form as well as the payments for the three year renewal periods 2004, 2005. and 2006.

Thank you very much for your attention to this matter.

Respectfully yours,



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Shirley Quezada  
752 West Flagler Street  
Miami, FL 33130