

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 MAY '17 AM 11:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000059396

1. Corporation Name

BLUSH HAIR + NAIL STUDIO INC
8034 OLD COUNTY ROAD 54
NEW PORT RICHEY FL 34653-6457

2. Principal Office Address - No P.O. Box #

8034 OLD CR 54

3. Mailing Office Address

8034 OLD CR 54

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NEW PORT RICHEY FL

City & State

NEW PORT RICHEY FL

Zip

34653

Country

USA

Zip

34653

Country

USA

REINSTATEMENT 05-10

900180986339

05/17/10--01056--007 **900.00

CR2E081 (4/10)

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

5/21/2003

5. FEI Number

90-0089103

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

AMBER ABAID

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

10926 FREEMONT DR.

Suite, Apt. #, Etc.

City

NEW PORT RICHEY

State

FL

Zip Code

34654

PROFIT CORPORATIONS ONLY

☒ The \$600.00 reinstatement fee is imposed,
except in circumstances which the entity did
not receive the prior notices. By checking
this box, you are certifying the prior
notices were not received and requesting
the reinstatement fee be waived.

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**

Date

5/12/10

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
D	AMBER ABAID	10926 FREEMONT DR.	NEW PORT RICHEY FL 34654
D	KELLY MILLER	3343 WILSON DR.	HOLIDAY FL 34691

25/18

10. E-mail Address: amberblush@hotmail.com

amberblush@hotmail.com

(To be used for future annual report notification)

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. I further certify, 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:

- AMBER ABAID

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/12/10

Date

727-345-5777

Daytime Phone #