

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1042

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 FEB -4 AM 11:25

DOCUMENT # **P03000062932**

1. Corporation Name

**SORY'S BEAUTY SALON, INC.**

**REINSTATEMENT** 04-05

2. Principal Office Address

**6796 STIRLING RD**

Suite, Apt. #, etc.

City & State

**HOLLYWOOD FL**

Zip

**33024**

Country

3. Mailing Office Address

**6796 STIRLING RD**

Suite, Apt. #, etc.

City & State

**HOLLYWOOD FL**

Zip

**33024**

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

**56-2364889**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

03/18/04 90001 036

\$15000

**7. Name and Address of Current Registered Agent**

Name

**DORIS V. GONZALEZ**

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

**7670 HOOD ST**

Suite, Apt. #, Etc.

City

**HOLLYWOOD**

State

**FL**

Zip Code

**33024**

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

**Doris V. Gonzalez**

Date

**1/24/05**

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.D.	GONZALEZ, DORIS V.	7670 HOOD ST	HOLLYWOOD FL 33024

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:

**Doris V. Gonzalez**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/24/05**

Date

**954-983-5757**

Daytime Phone #

2 of 2

**Dory's Beauty Salon, Inc.**  
**6796 Stirling Road**  
**Hollywood, FL 33024**  
**(954) 983-5755**

January 24, 2005

Department of State  
Division of Corporations  
PO Box 1500  
Tallahassee, FL 32302-1500

Re: P03000062932


Dear Sir or Madam:

We write to you because as we were in the process of renewing our corporation, we found that it had been closed due to Annual Report. We contacted your office and have been told that a correspondence dated March 22, 2004 was mailed to us requesting additional information, we never received this letter.

We are including a check for \$150 for 2005 and ask your cooperation in reinstating our company.

Should you need additional information, you may contact us at the number above.

Sincerely,

  
Doris V. Gonzalez, President  
Dory's Beauty Salon, Inc.