

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 # **PD3000062932**

1. Corporation Name
SORIS'S BEAUTY SALON, INC.

REINSTATEMENT 04-05

2. Principal Office Address
6796 STIRLING RD

Suite, Apt. #, etc.

3. Mailing Office Address
6796 STIRLING RD

Suite, Apt. #, etc.

03/18/04 90001 036 \$15000

City & State
HOLLYWOOD FL

City & State
HOLLYWOOD FL

4. Date Incorporated or Qualified To Do Business in Florida

Zip
33024

Zip
33024

5. FEI Number
56-2364889

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
SORIS V. GONZALEZ

Street Address (P.O. Box Number is Not Acceptable)
7670 HOOD ST

Suite, Apt. #, Etc.

City
HOLLYWOOD

State
FL

Zip Code
33024

400046418624
02/11/05--01011--024 **150.00

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 **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** Date **1/24/05** Daytime Phone # **954-983-5757**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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

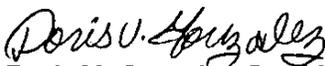
Dear Sir or Madam:

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.