

2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAR 31 AM 7:14

DOCUMENT # P03000093167

1. Entity Name
SALON 54 OF OCALA, INC.



Principal Place of Business
17 SE 14TH AVENUE
OCALA, FL 34471

Mailing Address
17 SE 14TH AVENUE
OCALA, FL 34471

REINSTATEMENT 04-05



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02252005 REIN-P CR2E098 (6/04)

4. FEI Number

20-0220844

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NAWROCKI, DIANNA
17 SE 14TH AVENUE
OCALA, FL 34471

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
NAWROCKI, DIANNA
17 SE 14TH AVENUE
OCALA, FL 34471 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
600050694186
04/14/05--01010--022 ***300.00

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Dianne Nawrocki Dianne Nawrocki 2-28-05 352
354-6155

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

SALON 54 OF OCALA, INC.
17 SE 14th Avenue
Ocala, FL 34471

Corporate Records Bureau
Division of Corporations
Secretary of State
Post Office Box 6327
Tallahassee, FL 32314

Re: Salon 54 of Ocala, Inc.

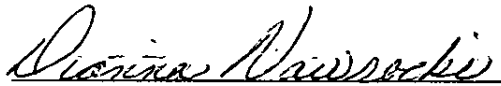
To whom it may concern:

Enclosed please find my reinstatement form together with a check payable to your order in the amount of \$300.00 which represents the 2005 annual fee.

I did not receive any uniform business report notices which resulted in my failure to timely renew my corporation. I would request that the Department waive the reinstatement fee of \$600.00 due to the fact that I did not receive the uniform business report notices.

Thank you for your consideration of this matter.

Sincerely,



Dianna Nawrocki
Salon 54 of Ocala, Inc.

RECEIVED
JAN 10 2006
TALLAHASSEE, FL