

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 NOV 15 PM 12:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000125657

1. Corporation Name

ALCAZAR SALON USA INC

REINSTATEMENT 04

2. Principal Office Address

4332 SW 8th.

3. Mailing Office Address

4332 SW 8th.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FL 33134

City & State

MIAMI FL 33134

Zip

33134

Country

Zip

33134

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11-04-2003

5. FEI Number

20-0365417

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

FERRO, CLEMENTINA

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

13000 NW 9 LA

Suite, Apt. #, Etc.

City

MIAMI

State
FL

Zip Code

33182

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

(Signature)

Date

10/22/04

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
DIP	FERRO, CLEMENCIA	13000 NW 9 LN	MIAMI FL 33182
DIV	AGET, JORGE	13000 NW 9 LN	MIAMI FL 33182

800042282378
10/23/04--01035--015 **150.00

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:

(Signature)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/22/04

Daytime Phone #

CR2E081 (01/04)

Florida Department of State
Annual Report/ Reinstatement Section
P O Box 6327
Tallahassee, Fl. 32314-6327

Dear Department:

Enclosing a ck. in the sum of \$150.00 .

Please be advised that I did not received the annual report for my corporation so, this is the first time because my corporation was formed on 11-04-2003, please I am pleading you to absolve the penalty charges.

Please if you have any question do not hesitate to contact me,.



Clementina Ferro,
President
Phone, 305- 7746535