

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

16 MAR 24 PM 3:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000021492

1. Corporation Name

Goldwell of South Florida, Inc.

CR2E081 (11/10)

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

1590 NW 27th Avenue

Suite, Apt. #, etc.

Suite 2

City & State

Pompano Beach FL

Zip

33069

Country

USA

3. Mailing Office Address

385 Oser Avenue

Suite, Apt. #, etc.

City & State

Hauppauge, New York

Zip

11788

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

20-0754518

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

Corporation Service Company

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

1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

700283772847

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

Melissa Zender

Asst. Vice President

Date

3/24/16

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	Jeffrey Cohen	18911 Collins Ave., #2501	Sunny Isles, FL 33160
V, D	Louis Caravella	37 Summit Dr.	Smithtown, NY 11787
T	Donna Sanders	385 Oser Ave.	Hauppauge, NY 11788

REINSTATEMENT

S. HAWKES

MAR 24 A.M.

EXAMINED

10. E-mail Address: dsanders@fssalonservices.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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/2016

631.951.4444

Date

Daytime Phone #

RECEIVED
DEPARTMENT OF STATE

16 MAR 24 PH 4:26

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 076588 4306704

AUTHORIZATION :

COST LIMIT : \$10,500.00

ORDER DATE : March 24, 2016

ORDER TIME : 2:41 PM

ORDER NO. : 076588-005

CUSTOMER NO: 4306704

DOMESTIC FILINGS

NAME: GOLDWELL OF SOUTH FLORIDA,
INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX PLAIN STAMPED COPY
____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender - Ext# 62956

EXAMINER'S INITIALS _____