

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 NOV -7 PM 3: 54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000028232

1. Corporation Name

TINA'S Beauty Salon & Supply

REINSTATEMENT OF

700061221737
11/07/05--01066--022--**758.75
CR2E081 (8/05)

2. Principal Office Address

618 E VINE ST

3. Mailing Office Address

618 E VINE ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

KISSIMMEE FL.

City & State

KISSIMMEE FL.

Zip

Country

34744 OSceola

Zip

Country

34744 OSceola

4. Date Incorporated or Qualified
To Do Business in Florida

2/09/2004

5. FEI Number

20-0725233

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

ARGENTINA TAVERA

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

618 E VINE ST.

Suite, Apt. #, Etc.

KISSIMMEE

City

KISSIMMEE

State
FL

Zip Code

34744

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

Argentina Tavera

REGISTERED AGENT MUST SIGN

Date

11/01/2005

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
	Argentina Tavera	618 E VINE ST.	KISSIMMEE FL. 34744

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:

Argentina Tavera President

Date

Daytime Phone #

11/02/05 (407) 3445544