

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10P2

FILED

05 DEC 22 PM 3: 52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 704000032438

1. Corporation Name

Valencia Salon and Spa on wheels Inc

2. Principal Office Address

2950 Mallorn way

Suite, Apt. #, etc.

3. Mailing Office Address

2950 Mallorn way

Suite, Apt. #, etc.

City & State

Casselberry FL

Zip

32707

Country

SEMIWOLE

City & State

Casselberry FL

Zip

32707

Country

SEMIWOLE

4. Date Incorporated or Qualified  
To Do Business in Florida

02/04

5. FBI Number

900097825

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$6.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

Guidelande Nutter

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

2950 Mallorn way Casselberry FL 32707

Suite, Apt. #, Etc.

City

Casselberry

State

FL

Zip Code

32707

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

Guidelande Nutter

REGISTERED AGENT MUST SIGN

Date 11/30/05

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
<u>Presi-</u> <u>dent</u>	<u>Guidelande Nutter</u>	<u>2950 Mallorn way</u>	<u>Casselberry, FL 32707</u>

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:

Guidelande Nutter

Guidelande Nutter

11/30/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

B. Mitchell

407-695

4546

DEC 22 2005

2017

Valencia Salon on Wheels  
2950 Mallorn Way  
Casselberry Fl, 32707

To The Department of Corporation:

I ask that you please release me from the reinstatement fee due to the fact that I did not receive any renewal notice prior to this reinstatement notice. I did not know that I had to pay for it in the first place. Predictably, thank-you for the justly efforts you will make to reinstate my company. In the future I vow to be more attentive concerning these issues.

Thank-you,

  
Guidelane Nutter, President