

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

08 JAN 29 AM 11:17

FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P04000097727

1. Corporation Name

MINNIE'S SALON INC.

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

5200 W Newberry Rd

Suite, Apt. #, etc.

Suite D-1

City & State

GAINESVILLE, FL

Zip

32607

Country

ALACHUA

3. Mailing Office Address

5200 W Newberry Rd

Suite, Apt. #, etc.

Suite D-1

City & State

GAINESVILLE, FL

Zip

32607

Country

ALACHUA

**REINSTATEMENT** 02-08

CR2E081 (12/07)

4. Date Incorporated or Qualified  
To Do Business in Florida

06-28-04

5. FEI Number

20-4004297

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

Black, Minnie L

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

3130 NW 9th PLACE

Suite, Apt. #, Etc.

GAINESVILLE

State

FL

Zip Code

32605

☒ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

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

Minnie L. Black

Date 01-28-08

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
Pres	Black, Minnie L	3130 NW 9th PLACE	GAINESVILLE, FL 32605
Sec-Treas	Black, Joseph E	3130 NW 9th PLACE	GAINESVILLE, FL 32605

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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 contained in Chapter 119, 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:

Minnie L. Black  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

01-28-08

Daytime Phone #

352

372-0033