

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

06 NOV 14 PM 3:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P04/000126397

**1. Corporation Name**

SEE BEAUTY SUPPLY, INC.  
805 N. MASSACHUSETTS AVE.  
LAKELAND, FL. 33801-1747

**2. Principal Office Address**

Suite, Apt. #, etc.

City & State

Zip

Country

**3. Mailing Office Address**

Suite, Apt. #, etc.

City & State

Zip

Country

**REINSTATEMENT**

DS-06

2 11/14

CR2E081 (12/05)

**4. Date Incorporated or Qualified  
To Do Business in Florida**

9/02/04

**5. FEI Number**

20-1581308

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

SULEIMAN AGWAH

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

805 N. MASSACHUSETTS AVE.

Suite, Apt. #, Etc.

City

LAKELAND

State  
FL

Zip Code

33801

**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

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
<u>P.D.</u>	<u>SULEIMAN AGWAH</u>	<u>37138 OAK CT.</u> <u>DADE CITY, FL. 33523</u>	<u>DADE CITY, FL. 33523</u>

200081433532  
11/01/06--01041--017 \*\*300.00

**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 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: [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

To whom it may concern

Dear Sir/Madam , am writing to ur Atention in refrence of  
S&E Beauty supply, Inc. located at 805 N Massachusetts Ave  
Lakeland, FL 33801 , I would like to bring to your attention  
that I don't recive the annual Report ~~efor~~ 2005 and 2006  
and there for am asking ~~or~~ your excelecy to ~~wait~~ wait my 600  
penalty, because the state was sending the mail to  
the wrong address and I hope you accept my explanation  
of this situation !!

Kindly

Suleiman Agwala

11/13/06

