

FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

07 SEP 28 AM 11:21

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P05000077568

1. Corporation Name

REINSTATEMENT 06-07 RES

Depot Beauty Supplies & Groceries, Inc.

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

27568 SW, 138 Ave

Suite, Apt. #, etc.

3. Mailing Office Address

27568 SW, 138 Ave.

Suite, Apt. #, etc.

CR2E081 (1/07)

City & State

Homestead, FL

City & State

Homestead, FL

Zip

33032

Country

Dade

Zip

33032

Country

Dade

4. Date Incorporated or Qualified To Do Business in Florida

05/26/05

5. FEI Number

26-1075369

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$375 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Sandra M. Gil

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

27568 SW, 138 Ave.

Suite, Apt. #, Etc.

City

Homestead

State

FL

Zip Code

33032

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.

B. 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

REGISTERED AGENT MUST SIGN

Date

D. 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
Pd.	Sandra M Gil	27568 SW, 138 Ave.	Homestead, FL 33032

100110255161  
10/04/07--01016--014 \*\*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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #