

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 JAN 12 PM 4:59

DOCUMENT # P05000089235

1. Corporation Name

SHIMI'S DAY SPA & SALON INC

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

10191 W. SUNRISE BLVD

Suite, Apt. #, etc

3. Mailing Office Address

Suite, Apt. #, etc

City & State

PLANTATION FL

City & State

Zip

33322

Country

US

Zip

Country

4. Date Incorporated or Qualified

To Do Business in Florida 06/22/2005

5. FEI Number

20-3037671

☐ 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

EREZ YACOB

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

10191 W. SUNRISE BLVD

Suite, Apt. #, Etc.

City

PLANTATION FL

State

FL

Zip Code

33322

☒ 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

Erez yacob

Date 11/30/2009

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
P	EREZ YACOB	10191 W. SUNRISE BLVD	PLANTATION FL 33322
		200166095452 01/14/10--01001--017 **300.00	
		R 1/13/10	
		REINSTATEMENT 08-09	

10. E-mail Address: AYANIV@HLBCCPA.COM

(To be used for future annual report notification)

11. 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. I further certify, 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:

Erez yacob

EREZ YACOB

11/30/2009 9547492829

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Amc202

**Shimi's Day Spa & Salon Inc
10191 W Sunrise Blvd
Sunrise, FL 33322
954-921-4600 x.232**

Department of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Attn: Tyrone Scott

We received your letter from 12/21/2009 with a postage date 12/28/2009.

In your letter you state that we must return the form with a payment by 1/1/2010 which was a holiday and a long weekend. There was no way for us to mail it back on time since we received that letter to our mail box only yesterday 1/6/2010.

The fact that this letter arrive with no payment is surprising since we mailed it with check number 2115 dated 12/10/2009. We checked our bank but the check is not cleared. I really hope that if someone will find that they will return it to me and nor deposit it; I have no intention to spend \$ 30 for a stop payment.

I attached check number 2139 for \$ 300 to the signed form to cover the renewal fee for 2008 and 2009. The 2010 will be paid on time until the due date.

You also attached to the form and your letter a corporate detail record screen for PRECISION TITLE OF THE SUNCOAST, INC., what is the purpose of that and why do I need that for.

Please accept the payment and process the renewal.

Regards,

Erez Jacob
Erez Jacob
President