

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P05000091160

1. Corporation Name

BEAUTYMANIA INC

2. Principal Office Address - No P.O. Box #
6366 103RD STREET

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
JACKSONVILLE

City & State

Zip
32210

Country

Zip

Country

7. Name and Address of Current Registered Agent

Name
MUBARAK, ZEYADStreet Address (P.O. Box Number is Not Acceptable)
7756 WATERMARK LANE SOUTHSuite, Apt. #, Etc.
2811 COACHMAN LAKES DRIVECity
JACKSONVILLEState
FLZip Code
322464. Date Incorporated or Qualified
To Do Business in Florida5. FEI Number
20-3079694Applied For
Not Applicable6. CERTIFICATE OF STATUS DESIRED ☒ \$2.75 Additional Fee required
for a Certificate of Status☒ 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

Zeyad Mubarak

- P

Date 07/29/2009

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	MUBARAK, ZEYAD	2811 COACHMAN LAKES DRIVE	JACKSONVILLE FL 32246
VP	OMAR, BASHITI	11310 LABORIGHINI COURT	JACKSONVILLE FL 32246
T	AQUIL, BASSAM	3211 E. GLENDYNE DRIVE	JACKSONVILLE FL 32216
S	BASHITI, ANAN	7756 WATERMARK LANE SOUTH	JACKSONVILLE FL 32256

REINSTATEMENT

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:

Zeyad Mubarak ZEYAD MUBARAK - P

07/29/2009

904-866-5533

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

RH