

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
08 NOV -3 AM 9:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P06000007490

1. Corporation Name

BELLISSIMA SALON & SPA, INC.

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

14821 SW 169 LN

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip

33187

Country

DADE

3. Mailing Office Address

14821 SW 169 LN

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip

33187

Country

DADE

200137574202
11/03/08--01055--004 **300.00

CR2E081 (10/08)

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

20-4140101

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

DOMINGO CASTILLO

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

14821 SW 169 LN

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33187

☒ 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

Domingo Castillo

REGISTERED AGENT MUST SIGN

Date 10-12-08

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 |
|--------|--------------------------------------|---|--------------------|
| PD | CARMEN CASTILLO | 14821 SW 169 LN | MIAMI FL 33187 |
| VPD | DOMINGO CASTILLO | 14821 SW 169 LN | MIAMI FL 33187 |
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REINSTATEMENT

10. I certify that I am an officer or director of 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 #