

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P06000026948

1. Corporation Name

Paris Beauty Supply, Inc.

W10-9156

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

8506 S.W Eagle Run Drive

Suite, Apt. #, etc.

City & State

Boca Raton Fl.

Zip

33434

Country

USA

3. Mailing Office Address

8506 S.W Eagle Run Drive

Suite, Apt. #, etc.

City & State

Boca Raton Fl.

Zip

33434

Country

USA

7. Name and Address of Current Registered Agent

Name

Bresani, Emilio, F

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

8506 S.W Eagle Run Drive

Suite, Apt. #, Etc.

City

Boca Raton

State

FL

Zip Code

33434

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

Emilio Bresani

REGISTERED AGENT MUST SIGN

Date 01/12/10

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	Bresani, Emilio, F	8506 S.W Eagle Run Drive	Boca Raton Fl.33434

REINSTATEMENT

RA

10. E-mail Address: e_bresani@hotmail.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:

Emilio Bresani

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 02/12/2010

Daytime Phone # 5616746118

FILED

10 MAR 22 AM 7:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

900170165039
03/22/10--01051--010 **300.00
900170165039
02/23/10--01003--002 **150.00

REINSTATEMENT 08-10

4. Date Incorporated or Qualified
To Do Business in Florida 02/23/2006

5. FEI Number

204368551

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 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.