

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P06000042908**

1. Corporation Name

FIVE STARS BEAUTY SALON, INC

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

722 UNIT B HASTING ST

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

ORLANDO, FLORIDA

City & State

Zip

32808

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/23/2006

5. FEI Number
83-0452922

☐ 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

DOREEN HART

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

722 UNIT B HASTING ST

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32808

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

Doreen Hart

REGISTERED AGENT MUST SIGN

Date **12, 28, 2010**

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
DPST	HART, DOREEN	722 UNIT B HASTING ST	ORLANDO, FLORIDA 32808

10. E-mail Address:

(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:

Doreen Hart

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

11 JAN -3 PM 12:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000189322100

REINSTATEMENT

**900.00

CR2E081 (6/10)

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