

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

10 JUN -4 AM 8:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P06C00047313

1. Corporation Name

Express Beauty Supplies, Inc old name

New name

International Beauty Shops, Inc

500180671455  
05/11/10--01005--016 \$600.00

**REINSTATEMENT** 07-10  
CR2E001 (4/10)

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

694 NW 112 St

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Zip

Country

Zip

Country

33168

Dade

4. Date incorporated or Qualified  
To Do Business in Florida

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

Additional fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name Merlande Etienne

Express Beauty Supplies Inc

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

694 NW 112 St

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33168

PROFIT CORPORATIONS ONLY

☒ The \$600.00 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

Merlande Etienne

REGISTERED AGENT MUST SIGN

Date

5/6/10

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PO	Etienne, Jean Robert	694 NW 112 St	Miami, FL 33168
V	Etienne, Merlande	694 NW 112 St	Miami, FL 33168

10. E-mail Address: Merlande@yahoo.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: Merlande Etienne

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/6/2010

Date

Daytime Phone #