

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 FEB -8 AM 10:27

DEPARTMENT OF STATE
ALLAHASSEE, FLORIDA

08-10

REINSTATEMENT

600168247776
02/08/10--01067--004 **450.00
CR2E081 (11/09)

DOCUMENT # P000053491 707000053491

1. Corporation Name

COLOR ACCENTS SALON INC

2. Principal Office Address - No P.O. Box #
1609 S CLEVELAND AVE

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FORT MYERS, FL

City & State

Zip

33907

Country

US

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida 05/04/07

5. FEI Number
20-8972155

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
HERITAGE TAX & CONSULTING SERVICES UNC

Street Address (P.O. Box Number is Not Acceptable)
13720 SIX MILE CYPRESS

Suite, Apt. #, Etc.
SUITE 2

City
FORT MYERS

State Zip Code
FL 33912

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

Heritage Tax & Consulting Services Inc
Oliver D. Prew

REGISTERED AGENT MUST SIGN

Date 2/2/10

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, D	VICKI WALKER	4608 SW 5TH AVE	CAPE CORAL, FL 33914
VP, D	KARL WALKER	4608 SW 5TH AVE	CAPE CORAL, FL 33914
			M. MILLIGAN EXAMINER
			FEB - 9 2010

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:

Val M. Walker Vicki M Walker

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-1070 898-1652

Date (2010) Daytime Phone #