

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
11 MAY 10 AM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P07000116385-

1. Corporation Name

MAYRA'S SALON & SPA, INC.

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

5185 MARINER BLVD

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SPRING HILL FL

City & State

Zip

34609

Country

USA

Zip

Country

REINSTATEMENT 10-11
CR2B081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

☐ 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

ACCOUNTAX OFFICE SERVICES, CORP.

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

7590 NW 186 ST

Suite, Apt. #, Etc.

206A

City

MIAMI

State

FL

Zip Code

33015

000186587320
04/20/11--01006--011 **150.00
000186587320
04/20/11--01006--012 **600.00
000186587320
10/12/10--01059--003 **150.00

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

REGISTERED AGENT MUST SIGN

Date 4/30/11

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 | MAIRA MEJIA | 5185 MARINER BLVD | SPRING HILL FL. 34609 |
| | | | |
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| | | | |
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10. E-mail Address: ACCOUNTAX@DATA.LATIN.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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #