

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P13000083986

1. Corporation Name

Sunshine Salon & Spa, Inc

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

5537 Sheldon Rd

Suite, Apt. #, etc.

S

City & State

Tampa, FL

Zip

33615

Country

Hillsborough

3. Mailing Office Address

5537 Sheldon Rd

Suite, Apt. #, etc.

S

City & State

Tampa, FL

Zip

33615

Country

Hillsborough

7. Name and Address of Current Registered Agent

Name

YAMILA VARGAS

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

5537 SHELDON RD

Suite, Apt. #, Etc.

S

City

TAMPA

State

FL

Zip Code

33615

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

Yamila Vargas

REGISTERED AGENT MUST SIGN

Date

3/15/15

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	Yamila Vargas	9535 Barnside PL	Tampa, FL 33635
VP/D	Rafael G Martinez	9535 Red Run Dr	Tampa, FL 33635
		S. HAWKES	
			APR 2 - A.M.
		EXAMINER	

10. E-mail Address: **yvargas3@live.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.617.155, F.S.

SIGNATURE:

Yamila Vargas

YAMILA VARGAS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/15

813-615-7957

Date (Month/Day/Year) Signature Phone # and Fax