

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P92000006057**

1. Corporation Name

PAUL FERRARO SALON, INC.

Principal Place of Business

Mailing Address

2831 N. FEDERAL HWY., SUITE 7
BOCA RATON FL 33431

2831 N. FEDERAL HWY., SUITE 7
BOCA RATON FL 33431

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT 03



800026028628

01/05/04--01059--030 **150.00

4. Date Incorporated or Qualified
To Do Business in Florida

11/16/1992

5. FEI Number

65-0371019

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PSD	FERRARO, PAUL	2831 N FEDERAL HIGHWAY, SUITE 7	BOCA RATON FL 33431

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FERRARO, PAUL
2831 N FEDERAL HIGHWAY
SUITE 7
BOCA RATON FL 33431

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

Paul Ferraro

REGISTERED AGENT MUST SIGN

Date

12/27/03

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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/27/03

CR2E040 (7/03)

Dear State,
my corporate attorney
left the beginning of the year
When I received this notice it was
the first I was aware of it. She
it for ten years. Thankyou for
your help!

Paul Ferraro Salon
HAIR & RETAIL CENTER

2831 N Federal Hwy.
Boca Raton, FL 33431

Paul Ferraro

Thank you!

So I am remitting the \$150 - as stated
on the phone - *Paul Ferraro*

