

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION  
FOR 94-98  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

98 FEB 20 AM 11:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P93000016510

1. Corporation Name

BLUFFS SALON & SPA, INC.

Mailing Address

Principal Place of Business

405 Pasadena Avenue South  
St. Petersburg, FL 33707

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

DO NOT WRITE IN THIS SPACE

2. New Mailing Address, If Applicable

525 Indian Rocks Road

3. New Principal Office Address, If Applicable

N/A

4. Date Incorporated or Qualified  
To Do Business in Florida

2-24-93

Suite, Apt. #, etc.

B

Suite, Apt. #, etc.

N/A

5. FEI Number

59-3167269

Applied For

City & State

Bellair Bluffs, FL

City & State

N/A

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

Zip

33770

Country

USA

Zip

N/A

Country

N/A

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P	JANE D. SILAS	525 Indian Rocks Road	Bellair Bluffs, FL 33770
VP	DEE WETMORE	525 Indian Rocks Road	Bellair Bluffs, FL 33770
S, T	MARY ANN KODISH	525 Indian Rocks Road	Bellair Bluffs, FL 33770
			3000002440939--4 -02/25/98--01096--015 ***1350.00 ***1350.00
			REINSTATEMENT 94-98
			d. alary 2/20/98

8. Name and Address of Current Registered Agent

David B. McEwen  
405 Pasadena Avenue South  
St. Petersburg, FL 33707

9. Name and Address of New Registered Agent

Name

BRUCE H. GORDON

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

101 E. Kennedy Blvd., Suite 2800

Suite, Apt. #, Etc.

Suite 2800

City

Tampa

State

FL

Zip Code

33602

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.

Signature of  
Registered Agent

BRUCE H. GORDON

REGISTERED AGENT MUST SIGN

Date 2/18/98

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (See other side for information on intangible tax.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I re-lease the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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. 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:

Dee Wetmore - VP

2/18/98

813/596-5263

CR2E040 (6-94)