

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 MAY 23 AM 10:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #**

1. Corporation Name

4 Sisters' Salon

143000052248

2. Principal Office Address

933 Oakfield Dr.

3. Mailing Office Address

933 Oakfield Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Brandon, Fl.

City & State

Brandon, Fl.

Zip

33511

Country

USA

Zip

33511

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

7/93

5. FEI Number

59-3193855

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

Kim A. Barnes

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

701 Pinewalk Dr.

Suite, Apt. #, Etc.

City

Brandon, Fl

State

FL

Zip Code

33510

700005254657-7  
-06/11/02--01122--008  
\*\*\*208.75 \*\*\*208.75

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 Kim A. Barnes

REGISTERED AGENT MUST SIGN

Date May 15, 2002

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
VM	Deborah Saibi	1623 Carter Oaks Dr.	Valrico, Fl. 33594
		201.25 - AR	
		10.00 - AR ARTS	
		88.75 - AR SUPP	
		8.75 - COST	

10. 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: Deborah Saibi  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/15/02 (813) 654-3337  
Date Daytime Phone #

CR2E081 (9/01)