

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 MAY -5 PM 2:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300054512963
05/13/05--01053--002 **\$900.00

DOCUMENT # P93000059771

1. Corporation Name

NEW IMAGE BY MARIA

696 9TH STREET SOUTH

2. Principal Office Address

696 9TH STREET SOUTH

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NAPLES, FLORIDA

City & State

Zip

34102

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida 08/23/1993

5. FEI Number

65-0477769

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 06-05

7. Name and Address of Current Registered Agent

Name

MARIA SINCLAIR

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

696 9TH STREET SOUTH

Suite, Apt. #, Etc.

City

NAPLES

State
FL

Zip Code
34102

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

Date

REGISTERED AGENT MUST SIGN

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	MARIA SINCLAIR	696 9TH STREET SOUTH	NAPLES, FL 34102

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)(f), 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

Maria Sinclair

5/2/05

**NEW IMAGE BY MARIA
696 9THST SOUTH
NAPLES, FL 34102
239-434-7705**

APRIL 30, 2005

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
PO BOX 6327
TALLAHASSEE, FL 32314

RE: REINSTATEMENT - NEW IMAGE BY MARIA - P93000059771

DEAR SIR:

PLEASE FIND ENCLOSED REINSTATEMENT FORM AND CHECK
FOR \$900.00 TO RENEW NEW IMAGE BY MARIA.

I HAD NOT RECEIVED THE RENEWAL FOR 2000 AS I WAS OUT OF
TOWN AND RELIED ON MY ACCOUNTANT TO SEE TO THIS. I
THOUGHT THIS HAD BEEN TAKEN CARE OF IN MY ABSENCE. IT
SEEMS IT WAS NOT FORWARDED TO HIM OR HE HAD MISPLACED
IT.

HE EXPLAINED TO ME HE HAD A SERIES OF ONGOING HEALTH
ISSUES THAT INTERFERED WITH HIS ABILITY TO FOLLOW UP.

IN ANY EVENT - I WANT TO REMAIN CURRENT AND ASK THE
PENALTIES BE ABATED FOR THIS ONE TIME AND ACCEPT MY
CHECK FOR PRIOR PERIODS OMITTED .

THANKS.

Maria Sinclair
MARIA SINCLAIR

PRESIDENT