

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

10 JUN -8 PM 2: 30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P93000073263

1. Corporation Name

Beauty Explosion, Inc

2. Principal Office Address - No P O Box #

11555 Heron Bay Blvd

Suite, Apt #, etc

Suite 200

City & State

Coral Springs FL

Zip

33076

Country

USA

3. Mailing Office Address

11555 Heron Bay Blvd

Suite, Apt #, etc

Suite 200

City & State

Coral Springs, FL

Zip

33076

Country

USA

000181387920  
05/26/10--01030--008 \*\*300.00

**REINSTATEMENT**

4. Date Incorporated or Qualified  
To Do Business in Florida

10-21-1993

5. FEI Number

05-0446197

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

Octavia McDougale

Street Address (P O Box Number is Not Acceptable)

11555 Heron Bay Blvd

Suite, Apt #, Etc

Suite 200

City

Coral Springs

State

FL

Zip Code

33076

PROFIT CORPORATIONS ONLY

☒ The \$600.00 reinstatement fee is imposed,  
except in circumstances which the entity did  
not receive the prior notices. By checking  
this box, you are certifying the prior  
notices were not received and requesting  
the reinstatement fee be waived.

000181387920

06/29/10--01001--010 \*\*158.75

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

*Octavia McDougale*

REGISTERED AGENT MUST SIGN

Date 5/1/10

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	Octavia McDougale	11555 Heron Bay Blvd	Coral Springs FL 33076
D	Stackar McDougale	11555 Heron Bay Blvd	Coral Springs FL 33076
D	Claudette Wheatley Butler	11555 Heron Bay Blvd	Coral Springs FL 33076
D	Felicia Williams	11555 Heron Bay Blvd	Coral Springs FL 33076
D	Samantha Kerr	11555 Heron Bay Blvd	Coral Springs FL 33076
D	Taceink McDougale	11555 Heron Bay Blvd	Coral Springs FL 33076

10. E-mail Address: Octavia.mcdougale@gmail.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., 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/1/10

Daytime Phone #

26/8