

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED
AND
FILED

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95-47 AR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

97 MAR 13 AM 9:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000085254

1. Corporation Name

MARBLER SALON INC.

Principal Place of Business

Mailing Address

2790 N.E. 201 terrace

2790 N.E. 201 terrace

Apt # H110

Apt # H110

No. Miami Bch, FL, 33180

No. Miami Bch

FL, 33180

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

4. Date Incorporated or Qualified To Do Business in Florida

11/22/94

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For
Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
DPV	HARRISON, JORDANA	2790 N.E. 201 terrace Apt # H110	North Miami Beach FL, 33180
ST	HARRISON, JORDANA	2790 N.E. 201 terrace Apt # H110	North Miami Beach FL, 33180

9000002112709--B
-03/13/97--01082--008
****565.00 ****565.00

11/13/97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

JORDANA TAMAR HARRISON
2790 N.E. 201 terrace
Apt # H110
No. Miami Beach FL, 33180

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.

Signature of Registered Agent

Jordana Tamar Harrison

REGISTERED AGENT MUST SIGN

Date

11. 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.)

12. 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:

Jordana T. Harrison

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/11/97 (305) 935-5816

Date

Daytime Phone #

CR2040 (12/96)

②

JORDANA HARRISON
2790 N.E. 201 TERRACE APT. H110
AVENTURA, FL 33180

February 11, 1997

Sean Toner
Division of Corporations
409 East Gaines St.
Tallahassee, FL 32399

Dear Mr. Toner,

Because of an error on the record of the Division of Corporations which incorrectly lists the mailing address of the corporation and officers, I never received the 1995 Corporation Annual Report.

I hereby request that the \$585 reinstatement fee be waived.

Enclosed is a copy of such said document with the incorrect address. My correct address is 2790 N.E. 201 Terrace, Apt. H110, Aventura, FL 33180.

Thank you for your immediate attention.

Sincerely,

Jordana Harrison
Jordana Harrison