APPLICATION FOR REINSTATEMENT 96-97

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

APPROVED AND FILED
97 DEC -5 PM 1:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000085507

CORPORATION NAME
ROMAN'S SALON, INC.

Principal Place of Business
81 E. COMMERCIAL BLVD.
FT. LAUDERDALE, FL
33334

Mailing Address
P.O. BOX 70541
FT. LAUDERDALE FL
33307

Addresses are incorrect in any way, line through incorrect information and enter correction below.

2. Post Office Address, If Applicable

3. New Mailing Office Address, If Applicable
P.O. Box 70541
Suite, Apt. #, etc.
City & State
FT. LAUDERDALE, FL
Zip 33307
Country

4. Date Incorporated or Qualified To Do Business in Florida: NOV. 30, 1994

5. FEI Number: 65-0538454 (Applied For / Not Applicable)

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
(P) HECTOR SANTANA	2790 NE 57 ST.	FT. LAUDERDALE, FL 33308

000002360626--3
-12/10/97--01104--001
- ****915.00 ****915.00

REINSTATEMENT 96-97
A. Alan
12/5/97

8. Name and Address of Current Registered Agent
HECTOR SANTANA
Above

9. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City | State FL | Zip Code

I hereby appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Agent [signature] Date 12-03-97
REGISTERED AGENT MUST SIGN

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.)

I hereby 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 due 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 [signature] HECTOR SANTANA PRESIDENT 12-03-97 (954) 772-5088
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #