

**CORPORATION**



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

FILED

01 JAN -5 AM 10:57

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # *P95000000152*

1. Corporation Name  
*SUZZAN DAVID Salon Day Spa & CO. INC.*

2. Principal Office Address  
*120 International Pkwy*

Suite, Apt. #, etc.  
*Suite # 128*

City & State  
*HEATHROW FL.*

Zip Country  
*32746 Seminole*

3. Mailing Office Address  
*120 International Pkwy*

Suite, Apt. #, etc.  
*Suite # 128*

City & State  
*HEATHROW FL.*

Zip Country  
*32746 Seminole*

4. Date Incorporated or Qualified To Do Business in Florida  
*Dec. 94*

5. FEI Number  
*59-3292835*

6. CERTIFICATE OF STATUS DESIRED  *\$375 Additional Fee required for Certificate of Status*

7. Name and Address of Current Registered Agent

Name  
*Suzanne M. Wiggins*

Street Address (P.O. Box Number is Not Acceptable)  
*24135 MILFORD Drive*

Suite, Apt. #, Etc.  
*200003533982-7*  
*-01/12/01-01005-010*  
*\*\*\*\*150.00 \*\*\*\*150.00*

City State Zip Code  
*EUSTIS FL 32726*

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 *Suzanne M. Wiggins* Date *Dec 4. 00*

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
<i>(P)</i> Pres.	<i>Suzanne M. Wiggins</i>	<i>24135 Milford Dr.</i>	<i>EUSTIS FL 32726</i>
<i>(V)</i> V. Pres.	<i>David C. Wiggins</i>	<i>24135 Milford Dr.</i>	<i>EUSTIS FL 32726</i>
<i>(T)</i> Tres.	<i>Jack L. Wiggins Jr.</i>	<i>5400 N.W. 39th Av. Apt 159</i>	<i>GAINESVILLE FL 32606</i>

*ODUBRZ 178*

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: *Suzanne M. Wiggins* Date *Dec. 4 00* (407) *333.3571*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (9/99)

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Dec. 4. 00

Dept of Corporations

24135 Milford Dr.  
Eustis FL 32746-

I am writing this letter asking for you to grant me a waiver of payment. I was unable to file this due to moving on a sudden sale & having a temp. place of stay while our house was finishing up to purchase -

I'm sure during this period in the beginning of the yr. a lot of mail was being transferred in to many directions to follow where I was living - I also was having problems with phone & elect. as well. This was not an intent to not filing.

Any questions please call

Sydney M. Wiggins

407-333-3571 or 352-483-3636