

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 OCT 31 PM 5:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000055925

1. Corporation Name

SALON EXCLUSIVES, INC.

Principal Place of Business

2832 BEARSS AVE
TAMPA, FL 33613

Mailing Address

2832 BEARSS AVE
TAMPA FL 33613

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

07/19/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0615378

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PTD	SUAREZ, DAVID	2832 BEARSS AVENUE	TAMPA FL
VSD	SUAREZ, MARTHA	2832 BEARSS AVE	TAMPA FL 33613

300008724963

10/31/02--01051--001 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SUAREZ, DAVID
2832 BEARSS AVE
TAMPA FL 33613

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. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date

10/16/02

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 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:

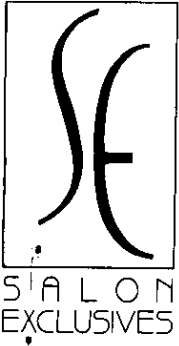
[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/16/02

CR2040 (8/02)



October 16, 2002

Dear Sir or Madam:

Our corporation did not receive prior uniform business report notices. Please waive the late fees and re-instate the corporation. Thank you. If need be, I can be reached at 813-972-0404.

David Suarez,
President, Salon Exclusives, Inc.