

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 SEP 20 PM 1:58

DOCUMENT # P95000061590

1. Corporation Name

Maya's School of Beaute', Inc.

96-00

2. Principal Office Address

3900 Central Ave.

Suite, Apt. #, etc.

City & State

St. Petersburg, Fl

Zip

33711

Country

U.S.A.

3. Mailing Office Address

4149 Fairfield Avenue So.

Suite, Apt. #, etc.

City & State

St. Petersburg, Fl

Zip

33711

Country

U.S.A.

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

8/95*

5. FEI Number

59-3346711

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

Maya M. Thomas

Street Address (P.O. Box Number is Not Acceptable)

4149 Fairfield Avenue South

Suite, Apt. #, Etc.

City

St. Petersburg

State

FL

Zip Code

33711

100003409411-9

09/29/00-01041-001

***1358.75 ***1358.75

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

Maya M. Thomas

REGISTERED AGENT MUST SIGN

Date 5/22/00

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/D/M | Maya M. Thomas | 4149 Fairfield Avenue | St. Petersburg, Fl 33711 |
| VP | Pearlie Thomas | 201 40th Street South | St. Petersburg, Fl 33711 |
| S | Manuel D. Chavous | 4149 Fairfield Avenue So. | St. Petersburg, Fl 33711 |
| T | Calvin L. Gordon | 11601 4th Street No #502 | St. Petersburg, Fl 33716 |
| | | | |
| | | | |

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:

Maya M. Thomas

Maya M. Thomas / President/Executive Director 5/22/00 (727) 323-7188

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #