

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

09 JUL 29 AM 9:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA5/16/09 01034 010 165.00
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06/26/09--01002--024 **150.00

REINSTATEMENT 08-09

**CORPORATION
REINSTATEMENT**FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # p45000081784

1. Corporation Name

INEZ BEAUTY SALON, INC. OF SOUTH FLORIDA

2. Principal Office Address - No P.O. Box #

591 N.W. 189TH TERRACE

Suite, Apt. #, etc

3. Mailing Office Address

Suite, Apt. #, etc

City & State

MIAMI, FL

City & State

Zip

Country

Zip

Country

33169-3958

MIAMI-DADE

7. Name and Address of Current Registered Agent

Name

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

Suite, Apt. #, Etc

City

State

Zip Code

FL

33056

4. Date Incorporated or Qualified
To Do Business in Florida

12/9/1991

5. FEI Number

65-0644278

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐\$8.75 Additional Fee required
for a Certificate of Status☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Date 6/20/2009

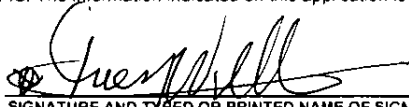
REGISTERED AGENT MUST SIGN

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
PRESIDENT	INEZ WILLIAMS	591 N.W. 189TH TERRACE	MIAMI, FL 33169

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 contained in Chapter 119, 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:



INEZ WILLIAMS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/20/2009

Date

786-333-7954

Daytime Phone #

7/29/09