PLEASE READ ALL INSTRUCTIONS BEFORE CO

APPLICATION 1 EOP REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

P95000082452

1. Corporation Name

OPTIMA HAIR AND NAILS, INC. 1996 Minnual Report

FILED Oct 04 1996 8:00 am Secretary of State

гапора г	race of business	Mailing Address							
	'AN TREE LANE BEACH FL 33483		109 BANYAN TREE LANE DELRAY BEACH FL 33483						
	addresses are incorrect in any way, line the		mation and enter Office Address, If		4. Date Incorpo	orated or Qualified			
Suite, Apt	#, etc.	Suite, Apt. #, etc	Suite, Apt. #, etc.			To Do Business in Florida 10/25/1995			
City & State		City & State			5. FEI Number	65-062-45	27	Applied For Not Applicable	
Zip	Country	Zip	Count	гу	6. CERTIFICATE	OF STATUS DESIRED S	8.75 Addi for a Ceri	tional Fee required	
7. Names	and Street Addresses of Each Officer and	d/or Director (Florida	nonprofit corpor	ations must list at lea	st 3 directors)				
Title(s) 1	2		Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Nu		City / State / Zip				
PD			109 BANYAN TREE LANE			DELRAY BEACH FL 33483			
					80	00001977	7 84 01127	B1 009	
						****200.00	***	*200.00	
				4					
·						O. Claw	96		
	Name and Address of Current Registered Age			9. Name and Address of New Registered Agent					
0570	All Alenani		Name				***************************************		
PETROU, MEROPI 109 BANYAN TREE LANE				Street Address (P	O. Box Number Is	Not Acceptable)			
DELRAY BEACH FL 33483				Sulte, Apt. #, Etc.	**		······································		
				City		Stat F1		ode	
IO. I. being	appointed the registered agent of the ab-	ove named corporati	on, am familiar wi	ith and accept the ob	ligations of Sectio	n 607.0505, F.S.			
Signature of log stered Agent . REGISTERED AGE			MUST SIGN	Man	NI RO.	Date 4-3	0-	96	
៨. Do De	es this corporation pay a pt. of Revenue under S.	any intangib 199.032, Fl	le tax to th orida Stati		PI PC	(ide for info angible tax		
2. I certify this rein	that I am an officer or director or the rece statement application, the reason for diss	iver or trustee empo- olution has been elin	wered to execute ninated, the corpo	this application as pr	ovided for in chap he requirements o	ter 607 or 617, F.S. I furthe	or certify th	nat when filing	

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

MEROPI PETROU

(407) 734-8599

ast 2 of 2

MICHAEL J. McGOEY, CPA

FAX (407) 734-8544

209 NORTH SEACREST BLVD

Tallahassee, Fl 32314-6327

BOYNTON BEACH, FL 33435

October 1, 1996

Sandra B Mortham
Florida Department Of State
Division Of Corporations

Re: Optima Hair & Nails, Inc., Fed ID# 65-0624527, Doc # 95000082452/Application for Reinstatement.

Dear Madam:

P O Box 6327

The Corporation as referenced above has never received the first mailing of the Corporate Annual Report, therefore has not renewed the Corporation for the current year. They are now in receipt of the application for reinstatement with the additional fee of \$175.00.

Enclosed please find a check in the amount of \$200.00 which represents the original renewal fee. The Corporation is kindly requesting that you accept the original renewal fee of \$200.00 since they did not deliberately ignore the renewing the Corporation. If they had received the report they would have filed it timely.

If we can provide any additional information or be of any further assistance, please do not hesitate to contact us.

Sincerely,

Michael J. McGoey, CPA

enclosures