

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS APPLICATION

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Oct 04 1996 8:00 am
Secretary of State

DOCUMENT # P95000082452

96 OCT

1. Corporation Name

OPTIMA HAIR AND NAILS, INC.

SECRET TALLAHASSEE

Principal Place of Business

Mailing Address

109 BANYAN TREE LANE
DELRAY BEACH FL 33483

109 BANYAN TREE LANE
DELRAY BEACH FL 33483



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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		10/25/1995	
City & State		City & State		5. FEI Number 65-062-4527	
Zip		Zip		Applied For	
Country		Country		Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
PD	PETROU, MEROPI	109 BANYAN TREE LANE	DELRAY BEACH FL 33483
			800001977848--1 -10/16/96--01127--009 ***200.00 ***200.00
			<i>A. Alan 11-4-96</i>

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PETROU, MEROPI
109 BANYAN TREE LANE
DELRAY BEACH FL 33483

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City
State
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.

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

Date 9-30-96

Merope Petrou

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No

(See other side for information on Intangible tax.)

12. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MEROPI PETROU

9-30-96

Date

Daytime Phone #

561 272-0300

CR20040 (7/95)

(407) 734-8599

MICHAEL J. McGOEY, CPA

FAX (407) 734-8544

209 NORTH SEACREST BLVD

BOYNTON BEACH, FL 33435

October 1, 1996

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Sandra B Mortham
Florida Department Of State
Division Of Corporations
P O Box 6327
Tallahassee, Fl 32314-6327

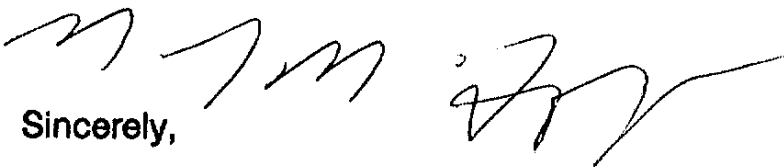
Re: Optima Hair & Nails, Inc., Fed ID# 65-0624527, Doc #
95000082452/Application for Reinstatement.

Dear Madam:

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