

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

99 JUN 18 PM 2:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 996000007294

1. Corporation Name

John Santiago Salon, Inc.

Principal Place of Business

Mailing Address

1201 Duval Street  
Key West FL 33040

800002915118--2  
-06/24/99--01100--004  
\*\*\*\*300.00 \*\*\*\*300.00

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

11/23/96

5. FEI Number

65-0643466

Applied For

Not Applicable

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)

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
D	John Santiago	1201 Duval St., Key West FL	33040
D	Dory Santiago	1201 Duval St., Key West FL	33040
D	Anthony Santiago	1201 Duval St., Key West FL	33040

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Corporate Creations Ent., Inc.  
4521 PGA Blvd., Suite 211  
Palm Beach Gardens FL 33148

Name

Scott Saunders CPA

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

2027 Flagler Avenue

Suite, Apt. #, Etc.

City

Key West

State  
FL

Zip Code  
33040

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

Scott Saunders

REGISTERED AGENT MUST SIGN

Date 6/3/99

11. This corporation owes the current year Intangible Personal Property Tax due June 30.

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 filed 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

5/19/99

305-24-8413

Date

Daytime Phone #