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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

FILED
98 SEP -1 AM 11:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

◄ Read Instructions on Other Side Before Making Entries ►
Make Check Payable To: *Department of State*

1. Name and Mailing Address of Corporation: DOCUMENT #P96000023554

CANDY BEAUTY SALON INC.
17 N.W. 19th AVE.
MIAMI, FL. 33125

2. If Address in Block 1 is Incorrect in any way, enter the correct address below.
Address
City and State Zip Code

3. If Principle Office Address is different from mailing address, enter address below.
Address
City and State Zip Code

REINSTATEMENT 97-98

4. Date Incorporated or Qualified To Do Business in Florida	5. FEI Number		6. $8.75 Additional Fee required for a Certificate of Status
3/15/96	65-0507739	FEI Number Applied For ☐ FEI Number Not Applicable ☐	CERTIFICATE OF STATUS DESIRED ☐

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title	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
P/T	MILEDY RUFINO	17 NW 19th AVE MIAMI, FL. 33125	MIAMI, FL. 33125
V/S	CAROLINA DE LA ROSA	17 N.W 19th AVE	MIAMI, FL. 33125

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-09/09/98--01033--001
****900.00 ****900.00

REGISTERED AGENT INFORMATION

8. Name and Address of Current Registered Agent

MILEDY RUFINO
17 NW 19th AVE.
MIAMI, FL. 33125

9. If changed, new registered agent / office
Name
Street Address (Do NOT Use P.O. Box Number)
Street Address (Do NOT Use P.O. Box Number)
City State: FL Zip

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 ✓Miledy Rufino Date ✓8-28-98
REGISTERED AGENT MUST SIGN

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. 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.)

13. 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., and that all fees owed by the corporation have been paid. 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 of Officer or Director ✓Miledy Rufino Date ✓8-28-98 Daytime Phone # (305)642-2674

Typed or printed name of signing officer or director