

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 MAY 13 AM 11:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300180843573
05/13/10--01029--010 **750.00

DOCUMENT # **P96000028975**

1. Corporation Name

LEIKO Hair Salon, Inc

W10000018678

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

210 174th ST

Suite, Apt. #, etc.

MI7

City & State

MIAMI BEACH

Zip

33141 USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

FL

Zip

Country

REINSTATEMENT 06-10

4. Date Incorporated or Qualified
To Do Business in Florida

04/03/96

5. FFL Number

650659528

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name **BRITO George**

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

210 174th ST

Suite, Apt. #, Etc.

MI7

City **MIAMI BEACH**

State

FL

Zip Code

33141

☒ 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

[Signature]

REGISTERED AGENT MUST SIGN

Date

05/05/10

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
PRES	KARINA DEL BEL	same as above	

05/13

10. E-mail Address:

(To be used for future annual report notification)

11. I certify that I am an officer or director of 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. I further certify 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

Date

05/05/10

Daytime Phone #