

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 DEC 13 AM 11:10

DOCUMENT # P96000051427

2001  
40K

1. Corporation Name

ROYAL BEAUTY SUPPLY, INC.

Principal Place of Business

2135 AMERICANA BOULEVARD  
ORLANDO FL 32839

Mailing Address

2135 AMERICANA BOULEVARD  
ORLANDO FL 32839



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

06/14/1996

5. FEI Number

59-3386599

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PSD	PARK, SANG WOOK	1863 QUEEN PALM DRIVE	APOKA FL 32712
		660 Bell RD #1404	ANTIOCH TN, 37013
			600004741686--6
			12/27/01-01057-022
			***150.00 ***150.00

8. Name and Address of Current Registered Agent

SANG W PARK  
2135 AMERICANA BLVD  
ORLANDO FL 32839

9. Name and Address of New Registered Agent

Name Sang N. Harris  
Street Address (P.O. Box Number is Not Acceptable) 800 N. Ferncreek Ave. #16  
Suite, Apt. #, Etc.  
City Orlando State FL Zip Code 32803

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

*Sang W. Park*

Date

12/01/01

REGISTERED AGENT MUST SIGN

11. 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:

*Sang W. Park*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/01/01 47-851-4555

CR2040 (801)

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2135 Americana Blvd.  
Orlando, FL 32839-2174  
Nov. 23, 2001

Florida Dept. of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Dear Sir/Ma'am,

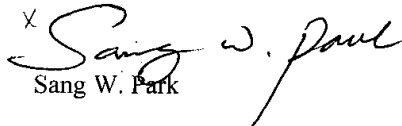
I recently received this notice stating that my business, Royal Beauty Supply, Inc., has been dissolved. I moved to Tennessee earlier this year, and I swear that I never received the notices. I am requesting that future correspondence be sent to my accountant, Sang N. Harris, at 800 N. Ferncreek Ave., #16, Orlando, FL 32803.

We are continuing to do business at Royal Beauty Supply, and hope that it will become a profitable business.

We humbly request that you waive the reinstatement fee and permit us to continue to do business in Florida. Please accept my enclosed check for \$150.00, the Annual Report Fee.

If you need any further information, please contact my accountant at (407) 895-6036.

Sincerely,

X   
Sang W. Park