


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 JAN 07 AM 11:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
2001-2002
UBR

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

DOCUMENT # P960000054752

1. Corporation Name
Susen's Salon of Lee County Inc

2. Principal Office Address
17900 N. Tamiami Trail
Suite, Apt. #, etc.
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City & State
N. Fort Myers
Zip
33903
Country
LEE Count - USA

3. Mailing Office Address
Suite, Apt. #, etc.
City & State
Zip
Country

2001-2002 UBR

4. Date Incorporated or Qualified To Do Business in Florida 9/19/1996

5. FEI Number 45-0679736
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
SUSAN CORREA

Street Address (P.O. Box Number is Not Acceptable)
1213 SE 7th ST # 73

Suite, Apt. #, Etc.
C

City
Cape Coral FL

State
FL

Zip Code
33990

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

Susan Correa

REGISTERED AGENT MUST SIGN

Date 12/28/01

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
owner	Susan Correa	Same as above	
sec	Theresa Amer	2787 Garden ST	N. Fort Myers 33917

10. 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:

Susan Correa

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/28/01

Date

941-567-0667

Daytime Phone #

SUSAN CORREA

STUDIO FOR HAIR AND NAIL SPA
18900 N. TAMiami TRl #8
N. FORT MYERS, FL 33917

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TO whom it may concern,

I am writting this letter in reference to our phone conversation on Dec. 27th 2001, I talked to Barbara and she told me to write this letter stating that I never recieved any paperwork, here is the \$150.00 for 2001 and an additional \$150.00 for 2002, which should but me back in good standing.

If you have any questions contact Susan Correa at 941-567-0667

Thank you,

Susan Correa
SUSAN CORREA