PLE DEAD	ALL INSTRUCTION	S BEFORE C	COMPLETING THIS FORM.	
APPLICATION LOT TA DEPARTMENT OF STATE Sandra B. Mortham			1	•
REINSTATEMENT DIVISION OF CORPORATIONS			FILED	
DOCUMENT # P96000086469  1. Corporation Name			98 NOV 19 AM 11: 19	
L' BOE SKIN AND NAIL SALON, INC.			SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business Mailing Address				
9700 WILES ROAD COT  12314 MELROSE WAY  CORAL SPRINGS FL 33067  BOCA RATON FL 33428				
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.	Ces Rd		Date Incorporated or Qualified     To Do Business in Florida     10/21/1996	
Chile State	City & State		5. FEI Number Applied For	7
Zip 33067 Country USA	Zip Cour	ntry	6. CERTIFICATE OF STATUS DESIRED To for a Certificate of Status	
7. Names and Street Addresses of Each Officer and/o	or Director (Florida nonprofit corpo	orations must list at lea	1	ě
Name of Officers Street Address of Each Title(s) and/or Directors Officer and/or Director City / State / Zi 1 2 3 (Do NOT Use Post Office Box Numbers) 4				
RP KUPIS, SOPHIA KUPIS, SOFIA 9180 WILES ROAD G-04 Rd C-04 CORAL SPRINGS FL 33067				
				1
			9000027016998 -12/03/9801061012 ****150-00	_
8. Name and Address of Current Registered Agent		Name	9. Name and Address of New Registered Agent	CR2E040 (9/98)
ROOT, JONATHON 301 YAMATO ROAD STE 4199 ROCA RATON FL 33431		Street Address (F	Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	Suito, April A, Etc.	
10. I hoing appointed the registered scan of the show	anamed authoration am familiar	City	State FL Zip Code FL	
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  REGISTERED AGENT MUST SIGN				
11. This corporation owes or has paid 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 filling 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: SOLID KUDISE RESIDENCE IS 11-17-98 954.755-1744  Date Date Dayling OFFICER OR DIRECTOR				

## L'Boe Skin & Nail Salon Inc.

9108 Wiles Rd. Coral Springs, Fl 33067 954-755-1744

November 16, 1998

Florida Department of State Division of Corporations Annual Report Reinstatement Section

Dear Sir or Madam:

My company just received a cancellation of my corporation and a bill saying that I have to pay for reinstatement. In response, I have not received any bills in the past saying L'Boe owes any money to keep the corporation alive. The cancellation notice is the first bill I have ever received and I have never received paperwork for an annual report. On the notice of dissolution or revocation I received on November 16, 1998, it states that L'Boe was dissolved as of October 16, 1998. The document number for this notice # P96000086469. As soon as I received this notice, I called the Department of State and spoke with Andy Dunlap about this matter. I was advised by Mr. Andy Dunlap to send in the normal \$150 fee for the annual report filing and this explanation of why the annual report was not filed. I always make my payments on time and the only reason this happened is because I never received any paperwork for the filing of the annual report and was not aware it was due.

Sincerely,

Sofia Kupis

President L'Boe Skin & Nail Salon Inc.