

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION <b>98A21</b>	FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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FILED

93 DEC 18 PM 2:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P97000013380**

1. Corporation Name

**TOTAL LOOK CONCEPT, INC.**

Principal Place of Business <b>1114 NORTH COLLIER BOULEVARD MARCO ISLAND FL 34145</b>	Mailing Address <b>1114 NORTH COLLIER BOULEVARD MARCO ISLAND FL 34145</b>
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If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable <b>N/A</b>	3. New Mailing Office Address, If Applicable <b>N/A</b>	4. Date Incorporated or Qualified To Do Business in Florida <b>02/11/1997</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. FEI Number <b>59-3394581</b>
City & State	City & State	Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>
Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)

1 Title(s)	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
<b>PRES TRES SEC</b>	<b>SHIRLEY A. ENGSTROM PARKS</b>	<b>1114 N. COLLIER BLVD</b>	<b>MARCO ISLAND, FL 34145</b>
			<b>300002724103--0</b>
			<b>-12/29/98--01002--023</b>
			<b>****150.00 ****150.00</b>
			<b>SL</b>
			<b>12-18-98</b>

8. Name and Address of Current Registered Agent <b>ENGSTROM, SHIRLEY A 1515-2 MAINSAIL DRIVE NAPLES FL 34114</b>	9. Name and Address of New Registered Agent Name <b>N/A</b> Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City <b>FL</b> State Zip Code
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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 **Shirley A. Engstrom Parks** Date **11/20/98**  
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 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: **Shirley A. Engstrom Parks** **941-394-7772**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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NEW LOOK CONCEPT, INC.  
1114 NORTH COLLIER BLVD.,  
MARCO ISLAND, FL. 34145  
TEL. # (941) 394-7772

DIVISION OF CORPORATIONS  
PO BOX 6327  
TALLAHASSEE, FL 32314-6327

GENTLEMEN,  
ENCLOSED IS A CHECK FOR THE ANNUAL REPORT OF "TOTAL LOOK  
CONCEPT, INC." FOR 1998. I NEVER RECEIVED THE ORIGINAL REPORT  
AND CONSEQUENTLY I AM FILING LATE. THIS IS MY FIRST ANNUAL  
REPORT AND I WAS UNAWARE OF THE FILING REQUIREMENTS. I  
SPOKE TO SOMEONE IN YOUR DEPARTMENT AND THEY SUGGESTED  
THAT IF I PAID THE FEE OF \$ 150.00 AND A LETTER OF EXPLANATION,  
THE LATE CHARGE WOULD POSSIBLY BE WAIVED.

I APPRECIATE YOUR UNDERSTANDING IN THIS MATTER AND WILL  
FILE ALL FUTURE REPORTS TIMELY.

SINCERELY,

*Shirley A. Engstrom Parks*  
SHIRLEY A. ENGSTROM PARKS, PRESIDENT