

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 MAY -9 PM 1:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P97000017271**

1. Corporation Name

LA MENAGE BEAUTY SALON CORPORATION

2. Principal Office Address

17772 SW 2nd ST

Suite, Apt. #, etc.

City & State

PEMBROKE PINES FL

Zip

33029

Country

3. Mailing Office Address

17772 SW 2nd ST

Suite, Apt. #, etc.

City & State

PEMBROKE PINES FL

Zip

33029

Country

REINSTATEMENT

98-01

4. Date Incorporated or Qualified
To Do Business in Florida

02/24/97

5. FEI Number

65-0741832

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

FRANCIA I. KHAWLY

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

17772 SW 2nd ST.

Suite, Apt. #, Etc.

200004217422-5

05/15/01 - 01082 - 012

*****1200.00 *** 200.00**

City

PEMBROKE PINES

State

FL

Zip Code

33029

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

Francia I. Khawly

REGISTERED AGENT MUST SIGN

Date **05-08-01**

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

PVST

FRANCIA I. KHAWLY

11415 SW 112th Terrace

MIAMI, FL 33176

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:

Francia I. Khawly

PRESIDENT

Date

5/8/01 (954) 7049791

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR-0001 (9/00)