


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P97000019843					
1. Corporation Name Bella's Salon INC.					
2. Principal Office Address 219 Royal Poinciana Way Suite, Apt. #, etc. -1-			3. Mailing Office Address 219 Royal Poinciana Way Suite, Apt. #, etc. -1-		
City & State Palm Beach FL.		City & State Palm Beach FL.		4. Date Incorporated or Qualified To Do Business in Florida 2/22/97	
Zip 33480	Country U.S.A.	Zip 33480	Country U.S.A.	5. FEI Number 65-073378	
				Applied For <input type="checkbox"/> Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent					
Name Jane Szcerban Rettig					
Street Address (P.O. Box Number is Not Acceptable) 6760 FOREST HILL BLVD.					
Suite, Apt. #, Etc. 488884467424-6 -07/10/01--01027-021 ****300.00 ****300.00					
City West Palm Beach				State FL	Zip Code 33413
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 Jane V. Szcerban Rettig				Date 6-22-01	
REGISTERED AGENT MUST SIGN					
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	
Pres	ANTOINETTE HALL	3545 S. Ocean Blvd #117		S. Palm Beach, FL 33480	
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: Antoinette Hall ANTOINETTE HALL 6/22/01(561)659-3040					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date	Daytime Phone #

CR2E081 (9/00)

6/22/01
To Whom It May Concern,

I am requesting a waiver
as of a change of address mailing
was not received to reapply for
reinstatement

Thank You

Antoinette Hall

Document # p970000-
19843

Bellas Salon Inc
219 Royal Poinciana Way Ste 1
Palm Beach, FL 33480

(561) 659-3040 phone

(561) 659-3022 fax

P.S. Inclosed is \$300.00