

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION FOR REINSTATEMENT  
 FLORIDA DEPARTMENT OF STATE  
 Katherine Harris  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **P97000022579**

1. Corporation Name  
**Friends Full Service Salon, Inc**

50 FEB - 9 AM 9:48

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address

**732 S Federal Hwy  
 Stuart, FL 34994**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida <b>05-0735406 March 1997</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For	
City & State		City & State		Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input checked="" 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
Pres,	Loretta T. Smith	2031 SE Giffen Ave	St Lucie FL 34952
V Pres	MARK D SMITH	2031 SE GIFFEN AVE	St Lucie FL 34952

100002774211--2  
 -02/12/99--01071--020  
 \*\*\*\*308.75 \*\*\*\*308.75

8. Name and Address of Current Registered Agent

**Loretta T. Smith  
 2031 SE Giffen Ave  
 St Lucie, FL 34952**

9. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 Suite, Apt. #, Etc.  
 City

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 **Loretta T. Smith**  
 REGISTERED AGENT MUST SIGN

Date **1-26-99**

11. This corporation owes 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:

**Loretta T. Smith**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-26-99 561 2838388**  
 Date Daytime Phone #

CF2E081 (12/98)

20f2

January 19, 1999

State of Florida  
Division of Corporations  
Tallahassee, FL

RE: Reinstatement for Friends Full Service Salon, P97000022579

To whom it may concern:

On April 7<sup>th</sup>, 1998 I sent my corporate registration with check number 1472 in the amount of \$150.00.

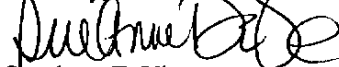
On clearing up accounts for the end of the year I realized that this check did not clear. So I called and found out that the state had not received the letter. That my corporation had been taken off active.

I was told by the reinstatement office that there is a one time wave of late fee. Please wave my late fee for 1998.

Enclosed is a check for \$300.00 for 1998 and 1999.

Thanking you in advance, I remain

Sincerely,



Sue Anne DeVivo

Friends Full Service Salon, Inc.