

PLEASE READ ALL INSTRUCTIONS BEFORE CC

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Dec 24 1998 8:00 am  
Secretary of State

DOCUMENT # **P97000037818**

1. Corporation Name

**SOUTHERN STAR SALON SERVICES, INC.**

Principal Place of Business

Mailing Address

% SCHWARTZMAN GARELIK WALKER KAPOLOFF & M  
2435 HOLLYWOOD BLVD.  
HOLLYWOOD FL 33020

% SCHWARTZMAN GARELIK WALKER KAPOLOFF & M  
2435 HOLLYWOOD BLVD.  
HOLLYWOOD FL 33020

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

04/28/1997

5. FEI Number

06-0755542

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
Pres	Jeff Cohen	270 Southdown Rd	LLOYD Harbor NY 11743
Treas	Louis Caravella	430 N. Railroad Ave	Staten Island NY 10304
sec	mark Kanterman	255 cherry PL	East Meadow NY 11591
sec	mike Sudaley	92 scarlett Dr.	Commack NY 11725
vp	Peter Baum	5584 S.W. 28th Terrace	Ft. Lauderdale Florida 33312
sec	J. P. Molfetta	609 sim street	New Windsor NY 12553

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FLORIDA FILING & SEARCH SERVICES INC  
3260 BALDWIN DRIVE WEST  
TALLAHASSEE FL 32308

Name

Street Address

Suite, Apt. #, Etc.

City

State

Zip Code

**REINSTATEMENT** 98

12-24-98

10. If 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

*Michael Sudaley*  
**REGISTERED AGENT REQUIRED**

Date

12/24/98

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:

*Michael Sudaley*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/15/98

CR2ED40 (9/98)