

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

**FILED**

01 FEB 19 AM 9:56

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **P97000039549**

1. Corporation Name  
**SHEILA A TOUCH OF ELEGANCE, INC.**

Principal Place of Business Mailing Address  
 9269 LEM TURNER ROAD 9269 LEM TURNER ROAD  
 JACKSONVILLE FL 32208-2272 JACKSONVILLE FL 32208-2272



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 <b>4945 CHIVLEY DRIVE</b>		4. Date Incorporated or Qualified To Do Business in Florida <b>05/01/1997</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number <b>59-3435546</b>	
City & State		City & State <b>JACKSONVILLE FL</b>		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
<b>32208</b>		<b>32208</b>	<b>FL</b>		

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	City / State / Zip
1	2	3	4
D	EDWARDS, SHEILA	9269 LEM TURNER ROAD	JACKSONVILLE FL 32208
			000003783160--9 -02/27/01--01105--001 ****150.00 ****150.00
			000003783160--9 -02/27/01--01105--002 ****150.00 ****150.00
			LS

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
EDWARDS, SHEILA 9269 LEM TURNER ROAD JACKSONVILLE FL 32208-2272		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State
		FL	

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 *Sheila Edwards* **SIGNATURE REQUIRED** Date **11/1/00**  
 REGISTERED AGENT MUST SIGN

11. 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 *Sheila Edwards* **SIGNATURE REQUIRED** (President) **2-2-01** (904) 766-1700  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Page 2 of 2  
A Touch of Elegance Inc.

The full Service Salon

9269 Lem Turner Road

Jacksonville, FL 32208

904-766-1700 / 764-4899

To: Division of Corporations

Please be advise That I Sheila Edwards  
Never Recieve my Annual Report do to  
Mail going to wrong Address. In the future  
to keep this for happen, Please send all  
important mail to my home address at  
4949 Chivalry Drive, Jacksonville, FL 32208  
In Close with this Note is my Check  
for 150.00

Thank you

Sheila Edwards

904-766-1700 wk

904-764-4899 hm