

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10f2

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 21 PM 1:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000044226

1. Corporation Name

BEAUTY BOUTIQUE OF KEY WEST, INC.

Principal Place of Business

Mailing Address

600 FRONT ST. C-2
KEY WEST FL 33040

600 FRONT ST. C-2
KEY WEST FL 33040



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

05/15/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0752927

Applied For

Not Applicable

City & State

City & State

Zip Country

Zip Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	ARENCIBIA, KIMBERLY L	1920 PATTERSON AVE	KEY WEST FL 33040
D	ARENCIBIA, MARTHA C	122 AVE F	KEY WEST FL 33040

800023964738
10/21/03--01038--018 **150.00

REINSTATEMENT

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ARENCIBIA, MARTHA C
122 AVE F
KEY WEST FL 33040

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 10/9/03

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kim Arencibia

MARTHA ARENCIBIA 10/09/03
Daytime Phone #

CR20040 (7/03)

Dear Sir or Madam:

We did not receive notice of our
uniform Business Reports. Because

the Post Office changed our
address from 600 Front St. C-2

to 608 Front St. There are several
units at this location. We have

new mail person on different
occasions and they are not familiar
with our location change of address
and our mail is sometimes left
with other businesses. Please

accept our deepest apologies

for over looking this matter. Please
note this change of address. Inclosed
is our payment of \$150.00. If this
is not acceptable please contact us
at 305 296-0101. Thank you for your
time and help in this matter.
M. The Grenier Co.