

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

02 JUN -4 AM 9:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P97000044520**

1. Corporation Name

HANDS OF BEAUTY, INC

2. Principal Office Address

1015 EAST HILLSBORO BLVD

Suite, Apt. #, etc.

City & State

DEERFIELD BEACH FL

Zip

33064

Country

USA

3. Mailing Office Address

641 NE 39th STREET

Suite, Apt. #, etc.

City & State

POMPANO BEACH, FL

Zip

33064

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

01-01-1997

5. FEI Number

65-0757476

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required
for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name

PILAR LINAREZ

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

641 NE 39th STREET

Suite, Apt. #, Etc.

City

POMPANO BEACH

State
FL

Zip Code

33064

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

Pilar Linarez

REGISTERED AGENT MUST SIGN

Date

6/3/02

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

PRESIDENT

PILAR LINAREZ

641 NE 39th STREET

POMPANO BEACH FL 33064

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:

Pilar Linarez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6/3/02

Daytime Phone #

CR2E081 (9/01)

June 3, 2002

Attn: E. Peterson
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Re: Hands of Beauty, Inc. Reinstatement
Document # P97000044520

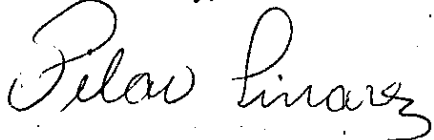
Dear Ms. Peterson,

This letter is to confirm our conversation of May 28, 2002, that since the initial incorporation of Hands of Beauty, Inc in 1997, I had never received the subsequent Annual Corporation Reports due to an incorrect address on your files. Also that the reinstatement fee of \$ 600.00 will be waived.

I have enclosed a check for \$ 750.00 for the filing fees that were not paid for years 1998, 1999, 2000, 2001 and 2002. I have also enclosed the Corporation Reinstatement for Hands of Beauty, Inc.

I appreciate your help and cooperation, and if you have any questions please do not hesitate to contact me.

Sincerely,



Pilar Linarez, President
Hands of Beauty, Inc.
641 NE 39th Street
Pompano Beach, FL 33064
Tel (954) 783-9105 Home
Tel (954) 806-9969 Cellular