## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR** REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State

DIVISION OF CORPORATIONS

P97000057951 DOCUMENT #

1. Corporation Name

SOLUTIONS - A UNIQUE SALON EXPERIENCE, INC.

Principal Place of Business Mailing Address 432 GRANT AVE. 432 GRANT AVE. COCOA BEACH FL 32931 COCOA BEACH FL 32931 If above addresses are incorrect in any way, line through incorrect information and enter correction below. 3. New Mailing Office Address, If Applicable Date Incorporated or Qualified To Do Business in Florida 2. New Principal Office Address, If Applicable 06/30/1997 5. FEI Number 2015 Applied For 6. \$8.75-Additional Fee required CERTIFICATE OF STATUS DESIRED 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) Street Address of Each Officer and/or Director Name of Officers City / State / Zip Title(s) and/or Directors D HOWARD, KEVIN 432 GRANT AVE COCOA BEACH FL 32931 110 Antiqua Dr D CRUZ, ERIC 432 GRANT-AVE COCOA BEACH FL 32931 100003203891--0 04/11/00==01099==001 \*\*\*\*200.00 \*\*\*\*900.00 9. Name and Address of New Registered Agent 8. Name and Address of Current Registered Agent HOWARD, KEVIN Street Address (P.O. Box Nur 432 GRANT AVE. Suite, Apt. #, Etc COCOA BEACH FL 32931 10. I, being appointed the registered agent of the above named corporation, am familiar with and accept Section 607.0505, F.S. Signature of Registered Agent Date 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.

FILED

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SECRETARY OF STATE TALLAHASSEE. FLORIDA