

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000103460

1. Corporation Name

The Intimate You Beauty Salon, Inc.

2. Principal Office Address - No P.O. Box #

3900 Clark Road

Suite, Apt. #, etc.

Suite F-2

City & State

Sarasota, Florida

Zip

34231

Country

Sarasota

3. Mailing Office Address

3900 Clark Road

Suite, Apt. #, etc.

Suite F-2

City & State

Sarasota, Florida

Zip

34231

Country

Sarasota

REINSTATEMENT 08-10

4. Date Incorporated or Qualified
To Do Business in Florida 12/08/1997

5. FEI Number

650801463

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

Susan L. Hasbrouck

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

3900 Clark Road

Suite, Apt. #, Etc.

Suite F-2

City

Sarasota

State

FL

Zip Code

34231

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Susan L. Hasbrouck
REGISTERED AGENT MUST SIGN

Date 04/16/2010

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
Pres.	Susan L. Hasbrouck	3703 Beneva Oaks Drive	Sarasota, Fl. 34238
Treas.	Mark Hostetler	3703 Beneva Oaks Drive	Sarasota, Fl. 34238

04/22

10. E-mail Address: ROOT66MH@VERIZON.NET

(To be used for future annual report notification)

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. I further certify, 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:

Mark Hostetler

Mark Hostetler

04/16/10

941-320-3109

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #