

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 MAY 13 AM 11:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000003136

1. Corporation Name

RAYMOND BEAUTY SALON UNISEX, INC.

300005610983--5
-05/27/02--01003--021
****450.00 ****450.00

2. Principal Office Address

8301 NW 27th Ave.

3. Mailing Office Address

2827 NW 95th Street

Suite, Apt. #, etc.

n/a

Suite, Apt. #, etc.

n/a

City & State

Miami, Florida

City & State

Miami, Florida

Zip

33147

Country

USA

Zip

33147

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

01/12/1998

5. FEI Number

65-0810674

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

02-22-99 90041 024 \$150.00

7. Name and Address of Current Registered Agent

Name

PAULA PAYANO

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

2728 NW 95th Street

Suite, Apt. #, Etc.

n/a

City

MIAMI

State
FL

Zip Code

33147

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

Paula Payano

REGISTERED AGENT MUST SIGN

Date May 6th, 2002

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
DPT	RAMON GARCIA	2728 NW 95th Street	Miami, FL 33147
DVS	PAULA PAYANO	2728 NW 95th Street	Miami, FL 33147

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:

Paula Payano

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 6th, 2002 (305) 693-9571

Date

Daytime Phone #

CR2E081 (8/01)