

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 DEC 26 AM 9:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **P98000038765**

1. Corporation Name  
**Ligia's Place of Beauty, Inc.**  
240 Worth Avenue, Suite N  
Palm Beach, Florida, 33480

2. Principal Office Address  
**240 Worth Ave, Suite N**  
Suite, Apt. #, etc.

3. Mailing Office Address  
**240 Worth Ave, Suite N**  
Suite, Apt. #, etc.

**Palm Beach, Florida**  
City & State

**Palm Beach, Florida**  
City & State

4. Date Incorporated or Qualified  
To Do Business in Florida **04/29/1998**

5. FEI Number **650869434**  
Applied For  Not Applicable

Zip **33480**  
Country **USA**

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Country **USA**

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name  
**Ligia Fradique**

Street Address (P.O. Box Number is Not Acceptable)  
**301 Edgewater Dr**

Suite, Apt. #, Etc.

City **West Palm Beach, Fl**

State **FL** Zip Code **33405**

**200009653412**  
**12/24/02-01004-030 \*\*750.00**

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 *Ligia Fradique*  
REGISTERED AGENT MUST SIGN

Date **12-19-02**

**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
Pres.	Ligia Fradique	301 Edgewater Dr	W Palm Beach, Fl. 33405

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: *Ligia Fradique*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **12-19-02** Daytime Phone # **561-3669778**

CR2E081 (9/01)