

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 NOV 14 AM 11:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000039539

1. Corporation Name

Vibe Beauty Supply, Inc

2. Principal Office Address

3109 W. Colonial Dr.

Suite, Apt. #, etc.

3. Mailing Office Address

130 S. University Dr.

Suite, Apt. #, etc.

Suite-D

City & State

Orlando Florida

City & State

Plantation

Zip

32808

Country

USA

Zip

33324

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

5/1/98

5. FEI Number

59-3508791

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

Mustapha Moutchou

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

3109 W Colonial Drive

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

33324

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

Date

REGISTERED AGENT MUST SIGN

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
PSTO	Mustapha Moutchou	3109 W Colonial Dr	Orlando FL 32808
VP	Alim Silman	3109 W Colonial Dr	Orlando FL 32808

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

Mustapha Moutchou 10/29/02

Date

Daytime Phone #

CR2E081 (9/01)

**VIBE BEAUTY SUPPLY, INC.  
3109 WEST COLONIAL DRIVE  
ORLANDO, FLORIDA 32808**

October 29, 2002

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

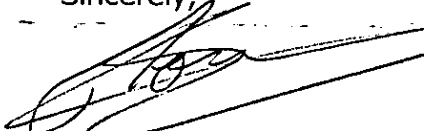
Re: VIBE BEAUTY SUPPLY, INC.  
F.E.I.N. - 59-3508791 -  
DOCUMENT NUMBER - P98000039539

Dear Sir or Madam:

I am the President of Vibe Beauty Supply, Inc. I recently became aware that my corporation lapsed with the state. Please be advised that the necessary renewal documents were never received by my office. I seem to have a problem receiving much of my mail. Therefore I am changing my mailing address for my corporation to my Accountant's office to avoid any future problems. I have enclosed a reinstatement form to update my company along with a check in the amount of \$ 150.00 for the renewal fee. Please make a note of the new mailing address and adjust your records accordingly.

Based on the foregoing, I respectfully request that you please remove the late filing penalties and accept my reinstatement form. Your help and understanding in this matter would be greatly appreciated.

Sincerely,



Mustapha Moutchou  
President

Enclosures