

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
99 APR
Jeffrey Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 NOV 30 PM 3: 53

DOCUMENT # **P98000047898**

1. Corporation Name

PARIS LOOK BEAUTY SALON, INC.

Principal Place of Business

Mailing Address

1627 BRICKELL AVE. APT 1503
MIAMI FL 33129

1627 BRICKELL AVE. APT 1503
MIAMI FL 33129



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/28/1998

5. FEI Number

65-0844413

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
POD	MIRANDA, JEANNETTE	1627 BRICKELL AVE, APT 1503	MIAMI FL 33129

700003870667-6
-12/15/99--01025--015
****150.00 ****150.00

8. Name and Address of Current Registered Agent

OBISPO, JOSE G
1627 BRICKELL AVE, APT 1503
MIAMI FL 33129

9. Name and Address of New Registered Agent

Name **MIRANDA, Jeannette**
Street Address (P.O. Box Number is Not Acceptable) **1627 Brickell Ave**
Suite, Apt. #, Etc. **Apt. 1503**
City **MIAMI** State **FL** Zip Code **33129**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date **10/27/99**

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.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/27/99
Date

Daytime Phone #

AD

10/20/99

To: Department of State

Subject: Paris Look Beauty Salon Inc.

As agreed in our phone conversation on 10/16/99 enclosed please find my company Reinstatement application with the ORIGINAL \$150⁰⁰ fee due we never received the first or second submission of the annual report.

PARIS LOOK BEAUTY SALON INC.

Jeanette Miron President

J. Miron