

1072

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 MAY -5 AM 8:00

DOCUMENT # 79800058095

1. Corporation Name

BELLVIEW BARBERING & STYLE, INC.

REINSTATEMENT

03-04
MRS

2. Principal Office Address
5250 MOBILE HWY

3. Mailing Office Address
5250 MOBILE HWY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
PENSACOLA, FL

City & State
PENSACOLA, FL

Zip
32503

Country
US

Zip
32503

Country
US

**4. Date Incorporated or Qualified
To Do Business in Florida** 07/01/98

5. FEI Number
65-0848974

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
LEE KOMINSKY

Street Address (P.O. Box Number is Not Acceptable)
5250 MOBILE HWY

Suite, Apt. #, Etc.

City
PENSACOLA

State FL **Zip Code** 32503

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** Lee Kominsky
REGISTERED AGENT MUST SIGN

Date 4-30-04

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
P	DEBORAH KOMINSKY	5250 MOBILE HWY	PENSACOLA FL 32503

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: Deborah L. Kominsky
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-04 453-1444
Date Daytime Phone #

CR2E081 (01/04)

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Bellview Barbering & Style, Inc.

5250 Mobile Hwy

Pensacola, Florida 32503

(850) 554-8486

April 30, 2004

Department of State
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

Re: Bellview Barbering & Style, Inc. – Reinstatement Application
Document # P98000058095

Dear Sir or Madam:

Enclosed please find the Application for the Reinstatement of Bellview Barbering & Style, Inc. along with a check in the amount of \$300.00. We respectfully request that the additional fee to reinstate our corporation be waived due to the fact that we did not receive the original annual report form for 2003. Due to my unfamiliarity with the annual reporting requirements and frequent hospital stays during this time period, I did not realize that I did not receive the annual report for last year until now. Please accept this letter as an explanation and waive the reinstatement fee.

If you have any questions or wish to discuss this matter, please do not hesitate to contact me.

Very truly yours,

Deborah Kominsky

Deborah Kominsky
President

/dk
Enclosures