

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1/2

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 OCT 31 PM 1:15

DOCUMENT # **P98000076406**

1. Corporation Name

ATTITUDES, INC. A SALON

Principal Place of Business

Mailing Address

801 SOUTH WASHINGTON ST.
PERRY FL 32347

801 SOUTH WASHINGTON ST.
PERRY FL 32347



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

4. Date Incorporated or Qualified
To Do Business in Florida

08/31/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3535344

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	MASSEY, ALANA B	3635 CASH RD	PERRY FL 32348
S	BAUMGARDNER, BARBARA C	147 KINGFISHER LANE	PERRY FL 32348

600024394656
11/04/03--01013--010 **158.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MASSEY, ALANA B
3635 CASH ROAD
PERRY FL 32348

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

10/31/03

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/31/03

Daytime Phone #

CR20040 (7/03)

Oct 31, 2003

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

RE: Attitudes Inc A Salon
FEIN # 59-3535344

Dear Division of Corporations,
I am asking the the reinstatement fees for
the above referenced Corporation be waived,
We did not receive the prior UBR filing
forms in the mail.

Thank you for your consideration.

Sincerely,



Alana B Massey President
Attitudes Inc A SAION
801 S. Washington St.
Perry FL 32347