

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 OCT 24 PM 4:00

DOCUMENT # P98000078132

1. Corporation Name  
Moretti Salons Inc.

2. Principal Office Address  
1830 SE Port St Lucie Blvd

Suite, Apt. #, etc.

3. Mailing Office Address  
1830 SE Port St Lucie Blvd

Suite, Apt. #, etc.

City & State  
Port St Lucie FL

Zip  
34984

Country  
USA

City & State  
Port St Lucie FL

Zip  
34984

Country  
USA

4. Date Incorporated or Qualified  
To Do Business in Florida 9-10-98

5. FEI Number  
65-0863439

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  
MINDY IZZO

Street Address (P.O. Box Number is Not Acceptable)  
1041 SE Seagrass Ave

Suite, Apt. #, Etc.

City  
PORT ST LUCIE FL

State  
FL

Zip Code  
34983

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 *Mindy Izzo*  
REGISTERED AGENT MUST SIGN

Date 10/19/00

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
D	MINDY IZZO	1041 SE SEAGRASS AVE	Port St Lucie FL 34983
D	Thomas F IZZO	1041 SE SEAGRASS AVE	Port St Lucie FL 34983

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: *Mindy Izzo*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/19/00

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**Moretti Salons Inc.**  
**1830 SE Port St. Lucie Blvd., Port St. Lucie, FL 34984**  
**(561) 335-3585**

October 16, 2000

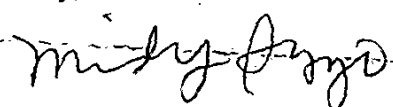
Department of State  
Annual Reports Filings  
Division of Corporations  
P.O. Box 6327  
Tallahassee FL 32314

To Whom It May Concern:

Enclosed please find a Corporation Reinstatement Report and check #2854 in the amount of \$300.00; \$150.00 for corporate filing fee for 1999 and \$150.00 for corporate filing fee for 2000, for Moretti Salons Inc., Document #P98000078132. In checking with your office, I was informed that this corporation was inactive. After research into this matter, I found that the address on the original corporate papers was an incorrect address erroneously filed by my attorney. Therefore, I never received the Annual Report. Being a new business owner, I was unaware of such a report or annual fee. I now realize that it is my responsibility to file a Corporate Annual Report and pay the \$150.00 fee every year before May 1, but I am requesting the penalty/reinstatement fees be waived due to an error I was unable to foresee.

Thank you for your consideration.

Sincerely,

  
Mindy Izzo  
President