

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 NOV 21 AM 8:01

DOCUMENT # P98000106678

1. Corporation Name

AURA OF SOUTH BEACH, INC.

Principal Place of Business

Mailing Address

613 LINCOLN ROAD
MIAMI BEACH FL 33139

613 LINCOLN ROAD
MIAMI BEACH FL 33139



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

12/24/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0884140

Applied For

Not Applicable

City & State

City & State

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
VD *	EGILMEZ, CEMAL	613 LINCOLN RD. * Mistake	FORT LAUDERDALE FL 33301 * Mistake
P	EGILMEZ, NUR	623 LINCOLN ROAD * Mistake	MIAMI BEACH FL 33139 *
			400009153284 11/21/02--01081--002 **550.00
VP	EGILMEZ, CEMAL	613 Lincoln Rd.	Miami Beach, Fl. 33139
P	EGILMEZ, NUR	613 Lincoln Rd.	Miami Beach, Fl. 33139

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BRITO, GEORGE
407 LINCOLN RD
#5B
MIAMI BCH FL 33139

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

CR2E040 (8/02)

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Nov. 9.02 305-695-1100

November 9, 02

To whom it may concern,

Upon receiving the Uniform Business Report application, I completed it and mailed it out with the envelope provided to P.O. Box 1500, Tallahassee. I enclosed a company check (check # 7180) in the amount of \$550.⁰⁰/_{xx}. It was mailed out weeks in advance of the September 13th. deadline.

Soon thereafter, I received a notice of 'Administrative Dissolution or Revocation,' which stated that I had to pay a greater fee. I called (850) 245-6059 and spoke to a courteous representative by the name of Michelle. After explaining the situation; I was told to resubmit another check in the amount of \$550.⁰⁰. Therefore I am now doing so. However, I do not have another copy of the UBR form due to the fact that I already mailed it to you. Instead, I have enclosed the 'Application for Reinstatement.'

Thank you for your time and attention regarding this matter.

On another note: There are mistakes regarding the street address of the corporate officers and I have made the corrections on the form.

Sincerely,

Nur Egilmez