

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

DOCUMENT # P98000107029

1. Corporation Name

ECSTACY SALON, INC.

99 DEC 13 AM 10:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

11875 SW 43 STREET
MIAMI FL 33175

415 SW 26th
MIAMI 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

357 Acazor Ave.
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

415 SW 26th
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

12/22/1998

5. FEI Number

65-0949124

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
D	BARROS, BARBARO	11875 SW 43 STREET	MIAMI FL 33175
		415 SW 26th	Miami FL 33139
		Miami FL 33139	
			100003078311--1
			-12/22/99--01081--008
			***150.00 ***150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BARROS, BARBARO
11875 SW 43 STREET
MIAMI FL 33175

Name

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

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33139

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

REQUIRED

REGISTERED AGENT MUST SIGN

Date

12/9/99

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:

REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/9/99

CR22046 (8/99)

December 9, 1999

Ecstasy Salon, Inc.
415 S.W. 26 Rd.
Miami, FL 33139

Re: Profit Corp. Annual Report 1999
Doc #P98000107029

Division Of Corporations
Annual Reports Section
P.O. Box 1500
Tallahassee, FL 32302-1500

Gentlemen:

We moved and we did not received the form for payment of the 1999 annual report.

Because for that it was not pay on time.

Please make all necessary changes and accept a payment for \$150.00.

Waiting for your answer, we remain.

Very Truly



BARBARO BARROS - President