

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 JUL -9 AM 8:38

DOCUMENT # P99000013356

1. Corporation Name

ILLUSION FULL SERVICE SALON, INC

600039377726  
07/21/04--01029--001 \*\*600.00

REINSTATEMENT 01-04

2. Principal Office Address

1854 N UNIVERSITY DR

Suite, Apt. #, etc.

3. Mailing Office Address

1854 N UNIVERSITY DR

Suite, Apt. #, etc.

City & State

PLANTATION, FL

City & State

PLANTATION, FL

Zip

33322

Country

BROWARD

Zip

33322

Country

BROWARD

4. Date Incorporated or Qualified  
To Do Business in Florida

02.10.1999

5. FEJ Number

65-0897732

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

SUZETTE BROWNE

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

6581 NW 52 STREET

Suite, Apt. #, Etc.

City

CORAL SPRINGS

State  
FL

Zip Code

33067

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

7-2-04

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

| Titles | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip      |
|--------|--------------------------------------|---|-------------------------|
| P/UP   | SUZETTE BROWNE                       | 6581 NW 52 STREET                                 | CORAL SPRINGS, FL 33067 |
|        |                                      |   |                         |
|        |                                      |   |                         |
|        |                                      |   |                         |
|        |                                      |   |                         |
|        |                                      |   |                         |

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:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

06.11.04

Daytime Phone #

954-382-284

CR2E081 (01/04)