

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

pg 1 of 2

CORPORATION
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 MAR 23 AM 10:05

DOCUMENT # P99000017091

1. Corporation Name DENISES Fashions BEAUTY SALON
Incorporated.

2. Principal Office Address 901 E 10 AVE

MIAMI, FL

Suite, Apt. #, etc.

See

3. Mailing Office Address

1261 NW 59th St #15

Suite, Apt. #, etc.

Attached

City & State Miami FL

City & State

Zip 33

Country

Dade

Zip

33147

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0915518

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

Brown Lashawn

300003912163

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

901 E 10 AVE

Suite, Apt. #, Etc.

See Attached

City

Miami

State

FL

Zip Code

33142

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

Mrs. Lashawn Brown

REGISTERED AGENT MUST SIGN

Date 11 30 90

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

OWNER Mrs. Lashawn BROWN

1261 NW 59th St #15 APT 15

Miami FL 33142

See Attached

11/3/23

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:

Mrs. Lashawn Brown

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nov 30, 00

Date

9994399

Daytime Phone #

My address has been changed
have moved from old home address

14930 n.e. 11 court North Miami Florida Zip Code
33161.

New Business Home
Mailings Sent to this Po Box Address

Thank you.

March 21, 2001 11:35 AM
mailed out. Wednesday.