

APPLICATION FOR REINSTATEMENT



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

FILED

00 DEC 22 PM 12:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT *OD*

DOCUMENT # **P99000037041**

1. Corporation Name

MICHELLE'S SALON & BOUTIQUE, INC.

Principal Place of Business

Mailing Address

205 SOUTHEAST 1ST AVENUE
BOCA RATON FL 33134

205 SOUTHEAST 1ST AVENUE
BOCA RATON FL 33134

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Quaired
To Do Business in Florida

04/23/1999

5. FEI Number

650913023

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PSTD	GLOVER, MICHELLE	205 SOUTHEAST 1ST AVENUE	BOCA RATON FL 33134

500003524125--1
-01/04/01--01108--018
****750.00 ****750.00

LS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

Name

MICHAEL GLOVER

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

205 SOUTH EAST 1ST AVE

Suite, Apt. #, Etc.

City

BOCA RATON

State

FL

Zip Code

33134

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

Signature REGISTERED AGENT MUST SIGN

Date 10 NOV 2000

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10 NOV 2000 561 347 6777

Date

Daytime Phone #