

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION

FLORIDA DEPARTMENT OF STATE



Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

REINSTATEMENT

FILED

02 NOV 19 AM 9:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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 Qualified To Do Business in Florida

04/23/1999

5. FEI Number

65-0913023

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

8. Name and Address of Current Registered Agent

GLOVER, MICHELLE  
205 SOUTHEAST 1ST AVENUE  
BOCA RATON FL 33134

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

10-21-02

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 #

11-8-02 (501) 347-6777

CR2E040 (8/02)

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**MichelleChristina Salon**  
207 South East 1<sup>st</sup>. Avenue, Boca Raton, FL. 33432  
Tel: 561 347-6777 Fax: 561 558-9435

Division of Corporations -  
Annual Report/Reinstatement Section  
PO Box 6327  
Tallahassee FL 32314-6327

21<sup>st</sup> October 2002

Dear Sirs

Re: Michelle's Salon & Boutique Inc

I received today a notice of administration dissolution or revocation, I did not receive any prior communication or any uniform business report notices, I telephoned your office and was told to write to you and enclose payment of \$150 for the annual fee.

Yours truly



Michelle C Glover