

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. *Page 1 of 1*

APPLICATION
FOR



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 OCT 30 AM 11:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *P99 0000 54616*

1. Corporation Name

LUPE BEAUTY SALON CORP.

Principal Place of Business

Mailing Address

*11318 SW QUAIL ROOST DR.
MIAMI FL 33157*

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

4. Date Incorporated or Qualified
To Do Business in Florida

06-16-99

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

65-0927489

Not Applicable

Zip

Country

Zip

Country

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
<i>1</i>	<i>ROSARIO G. MARTINEZ</i>	<i>11318 SW QUAIL ROOST DR</i>	<i>MIAMI FL 33157</i>

500003463665--9

-11/15/00-01018-010

*****150.00 ****150.00*

DOUBR TS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

*ROSARIO G. MARTINEZ
11318 SW QUAIL ROOST DR.
MIAMI FL 33157*

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

Oct 25-2000

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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

10-25-200

Date

Daytime Phone #

351-295-3332

CR2E040 (12/96)

LUPE BEAUTY SALON CORPORATION

11318 SW QUAIL ROOST DR

MIAMI, FL 33157

Tel (305)235-3332

Florida Department of State
Secretary of State
Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

Ref: Document # P99000054616

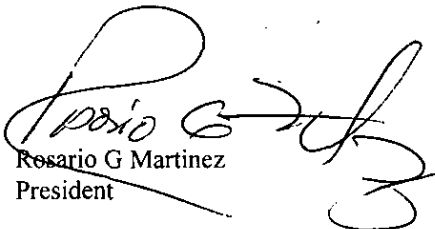
Dear Sir:

As per our telephone conversation we are enclosing you a check for the amount of \$150.00 dollars.

Please be advised as mentioned on the phone, we gave a wrong address when we created the corporation, because 186 St change his name and direction after the 112th Ave., and Quail Roost begins. That resulted that we did not received the annual report, because 11318 SW 186 St do not exist, therefore we are pleading you to absolve the penalty charges and accept the renewal.

Please if you have any question do not hesitate to contact us.

Sincerely,


Rosario G Martinez
President

RM/lom