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FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name

BEAUTY CARS, CORP.

Principal Place of Business

Mailing Address

5303 NW 7 STREET BAY I
MIAMI FL 33126

5303 NW 7 STREET BAY 1
MIAMI FL 33126

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

07/09/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

65-1009015

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)

<small>Title(s) 1</small>	<small>Name of Officers and/or Directors</small>	<small>Street Address of Each Officer and/or Director</small>	<small>City / State / Zip</small>
D	ESPALTER, MERCEDES	5303 NW 7 STREET BAY I	MIAMI FL 33126
			600003496866--3 12/12/00 01041-016 ****158.75 ****158.75
			DDYBR TS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ESPALTER, MERCEDES
5303 NW 7 STREET BAY 1
MIAMI FL 33126

Name _____

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code	
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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 REQUIRED

Date _____

REGISTERED AGENT MUST SIGN

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
 Mercedes Espinoza
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/16/00 (305) 446-6944

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October 17, 2000

DIVISION OF CORPORATIONS
ANNUAL REPORT/REINSTATEMENTS SECTION
P.O.BOX 6327
TALLAHASSEE, FL. 32314-6327

DOC. # P99000061533

I just received about five days "NOTICE OF ADMINISTRATIVE DISSOLUTION OR REVOCATION" It is the first time I received such document from the Corporation Division.

According to my Public Accountant a GREEN ENVELOPE or invoice must be send to my corporation around March or April to be paid before May 2,000.

I have not received any previous envelope or invoice, maybe because the busines was closed some time or perhaps because the name of the corporation was changed.

I am requesting an understanding on this situation, it is my first year as a renewal corporation. I need a waiver of penalties because of late filing. I am including as a good proof of future behavior a check covering the full payment for the year 2,000 and the proper certificate.

I appreciate your understanding and comprehension. Thanks very much.

X Mercedes Espalter

Mercedes Espalter
President