

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 NOV -7 PM 2:56

DOCUMENT # P99000075363

1. Corporation Name

Salon Georges, Inc

REINSTATEMENT 01-06

CR2E081 (12/05)

2. Principal Office Address

2419 Whale Harbor Ln

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ft Lauderdale, FL

City & State

Zip

33312

Country

US

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida 8/24/99

5. FEI Number
65-0953853

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

Wm Paul Bunnell, Accountant

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

1440 CORAL RIDGE DR

Suite, Apt. #, Etc.

211

City

Coral Springs

State

FL

Zip Code

33071

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 10/25/06

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
P/D	George Sarkissian	2419 Whale Harbor Ln	Ft Lauderdale, FL 33312

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 contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/25/06

Date

Daytime Phone #

2 of 2

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Tuesday, 10/10/2006

RE: Reinstatement of Salon Georges Inc.
P99000075363

Dear Division of Corporations:

Taxpayer respectfully requests reinstatement of the referenced corporation named above.

Taxpayer never received the first OR the second notice of annual report and request waiver of the reinstatement fee. A check in the amount of \$750 is enclosed reflecting the annual filing fee(s) of \$150 per year for the 2001, 2002, 2003, 2004 and 2005 filing years.

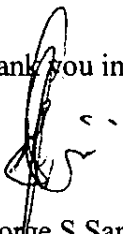
This letter is a formal request to reinstate the corporation to the 2005 filing of the UBR to ensure continuation of the company. The registered agent will file future reports in a timely manner.

If you have any questions or need further information to successfully accept this request, please direct all correspondence to the registered agent:

Wm Paul Bunnell
1440 Coral Ridge Dr #211
Coral Springs, FL 33071
954-234-7285

We pray this resolves the matter.

Thank you in advance,



George S Sarkissian
President
Director
Sole Shareholder