

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

01 MAR 16 AM 9:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000088818

1. Corporation Name LUCYS SALON CORP

2. Principal Office Address

14633 S.W. 42 St

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33175

Country

Miami, Dade

3. Mailing Office Address

14633 S.W. 42 St

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33175

Country

Miami, Dade

4. Date Incorporated or Qualified  
To Do Business in Florida

10/07/99

5. FEI Number

65-0953041

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

CARMEN RUIZ

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

14633 S.W. 42 St

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33175

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

*Carmen Ruiz*

Date 3/12/01

REGISTERED AGENT MUST SIGN

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.	RUIZ, CARMEN	14633 S W 42 St	Miami, FL 33175
S.D.	RAMOS, LUZ M	14633 S W 42 St	Miami, FL 33175

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 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:

*Luz M Ramos* LUZ M RAMOS

3/12/01

Date

(305) 2204393

Daytime Phone #

CR2E081 (9/99)