

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 00 NOV -2 PM 2:06

DOCUMENT # **P99000088919**

1. Corporation Name
THE NEW CARAS LINDAS BEAUTY SALON, INC.

Principal Place of Business	Mailing Address
BIRD POINT SHOPPING PLAZA 13371 S.W. 42ND STREET MIAMI FL 33175	BIRD POINT SHOPPING PLAZA 13371 S.W. 42ND STREET MIAMI FL 33175



REINSTATEMENT 00

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	10/07/1999
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. FEI Number	Applied For
City & State	City & State	65-0984462	Not Applicable
Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$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)			
1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
P	Ros REYNA	15183 SW 171 ST. MIAMI, FL. 33187	MIAMI, FL. 33187

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
BAROUKH, ABRAHAM BIRD POINT SHOPPING PLAZA 13371 S.W. 42ND STREET MIAMI FL 33175	Name: REYNA ROS Street Address (P.O. Box Number is Not Acceptable): 15183 SW 171 ST. Suite, Apt. #, Etc.: City: MIAMI State: FL Zip Code: 33187

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]* **SIGNATURE REQUIRED** Date: 10/31/00
 REGISTERED AGENT MUST SIGN

11. I certify that I am an officer or director of 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 REQUIRED** Date: 10/31/00
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (8/00)