

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10F2

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Haney  
Secretary of State  
Division of Corporations

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 NOV 14 AM 9:44

DOCUMENT # P99000092605

1. Corporation Name

SALON 10, INC.

Principal Place of Business

2731 AZALEA DRIVE  
LONGWOOD FL 32779

Mailing Address

2731 AZALEA DRIVE  
LONGWOOD FL 32779

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

10/21/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

59-3604977

Not Applicable

Zip

Country

Zip

Country

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 3	City / State / Zip 4
PTD	LADHA, SADRUDIN M	2731 AZALEA DRIVE	LONGWOOD FL 32779
SVD	LADHA, BEGUM S	2731 AZALEA DRIVE	LONGWOOD FL 32779
			200003488622--4 12/06/00 01010-014 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

Name SADRUDIN M. LADHA  
Street Address (P.O. Box Number is Not Acceptable)  
2731 AZALEA DRIVE  
Suite, Apt. #, Etc.

City LONGWOOD

State FL Zip Code 32779

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

SADRUDIN M. LADHA  
REGISTERED AGENT MUST SIGN

Date 10/16/00

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:

SADRUDIN M. LADHA  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

AD

2012

October 16, 2000

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314-6327

Dear Sirs:

**Re: Document # P99000092605**  
**20000 Annual Report**

We are in receipt of your correspondence informing us of dissolution or revocation of Salon 10, Inc. The Uniform Business Report was forwarded to the previous Registered who never sent any information as to filing this report. We enclosed herein the UBR for the year 2000 along with the fee of \$150.00.

We apologize for this error and request the abatement of any associated penalties. We have changed the Registered Agent and will ensure that there is no reoccurrence. Your consideration is appreciated.

Sincerely,



Sadradin M. Ladha  
President