

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC 18 PM 3:25

DOCUMENT # **P99000096344**

1. Corporation Name

SO BE IT SALON, INC.

Principal Place of Business

1209-17TH STREET
MIAMI BEACH FL 33139

Mailing Address

1209-17TH STREET
MIAMI BEACH FL 33139

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/02/1999

5. FEI Number

65-0959153

Applied For

Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	SQUITIERI, MARIO L	1209-17TH STREET	MIAMI BEACH FL 33139
SVTD	SPIROU, BESSIE	1209-17TH STREET	MIAMI BEACH FL 33139

8. Name and Address of Current Registered Agent

SPIROU, BESSIE
1209-17TH STREET
MIAMI BEACH FL 33139

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

11/22/03

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/22/03

Daytime Phone #

CR20040 (7/03)

December 9, 2003

Division Of Corporations
Uniform Business Report Filings
409 East Gaine Street
Tallahassee, Fl 32399

Ref: Doc P99000096344

Due to a severe illness, I was hospitalized for an extensive period. That is why I was unable to send you the payment on time. Fortunately, I have recovered from my infirmity and I have enclosed a check for \$150. We are thanking you in advance for your understanding in removing the penalties for us and will assure that necessary steps will be taken to avoid reoccurrence.

Sincerely,



Mario L Squitieri
President