

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

00 NOV -6 AM 11: 17

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # **P99000109458**

1. Corporation Name

**ESTETICA INSTITUTE SALON SERVICES, INC.**

Principal Place of Business

Mailing Address

2401 PGA BLVD.  
SUITE 100  
PALM BEACH GARDENS FL 33410

2401 PGA BLVD.  
SUITE 100  
PALM BEACH GARDENS FL 33410

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

12/20/1999

5. FEI Number

Applied For

65-0968301

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	DEVARENNE, KARLA	2401 PGA BLVD.	PALM BEACH GARDENS FL 33410

600003473186--3  
-11/21/00-01097-009  
\*\*\*\*150.00 \*\*\*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CORPORATE CREATIONS ENTERPRISES, INC.  
941 FOURTH STREET #200  
MIAMI BEACH FL 33139

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.

Signature of  
Registered Agent

*Karla Devarenne*  
REGISTERED AGENT MUST SIGN

Date

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:

*KARLA DEVARENNE*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/13/2000  
Date

561-776-7730  
Daytime Phone #

KE

CR2E040 (8/00)

②

**ESTETICA**  
**INSTITUTE**  
**SALON SERVICES**

10/13/00

Department of State  
Division of Corporations  
Tallahassee FL

RE: Document #P99000109458

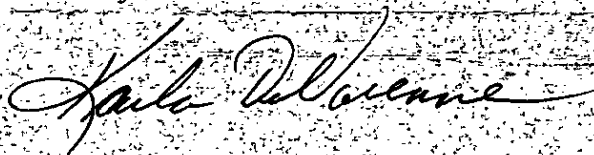
As per my conversations with your office, I am forwarding the enclosed form along with payment of \$150.

As I explained in those conversations, I was unaware that an annual report had to be filed so quickly. We incorporated on 12/20/99 and was under the mistaken impression that the required documents were not due until after the first full year in business. As a first-time business owner, I explained my error of omission to the nice people at your office who instructed me to send the payment of \$150 and the form.

I hope this will take care of the matter in question. If there are questions or further instructions, please do not hesitate to contact me at the business address on file.

Thank you.

Sincerely



Karla DeVarenne

*I am enclosing another check  
#535  
and a copy of the one sent  
originally #506*

[www.esteticasalon.net](http://www.esteticasalon.net)

**561-776-7730**

2401 PGA Boulevard Suite 100

Palm Beach Gardens FL 33410