

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

DOCUMENT # S80624

1. Corporation Name

Alluzions Salon, Inc.

2. Principal Office Address

4142 S. 3rd St.

Suite, Apt. #, etc.

City & State

Jacksonville Beach, FL

Zip 32250

Country  
Duval

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

FILED  
00 DEC 26 AM 10:15  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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\*\*\*350.00 \*\*\*750.00

REINSTATEMENT

4. Date Incorporated or Qualified  
To Do Business in Florida

9/17/91

5. FEI Number  
Applied for

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

Robert Newsome

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

4142 S. 3rd St.

Suite, Apt. #, Etc.

City

Jacksonville Beach

State  
FL

Zip Code  
32250

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

*Robert Newsome*

Date

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, S, D	Robert Newsome	139 N. Roscoe Blvd.	Ponte Vedra Beach, FL 32082
VP, T/D	Cristina Newsome	139 N. Roscoe Blvd.	Ponte Vedra Beach, FL 32082

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)(l), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert Newsome

Date

Daytime Phone #

12/21/00 904-249-8500

KE