20 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000030581

1. Entity Name
JH BEAUTY PLUS, INC.

FILED
05 MAY -3 AM 7:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04272005 REIN-P CR2E098 (6/04)

Principal Place of Business	Mailing Address
813 GOLFAIR BLVD JACKSONVILLE, FL 32209	C/O YU D. HAN CPA 4401 EMERSON STREET SUITE 8 JACKSONVILLE, FL 32207

2. Principal Place of Business	3. Mailing Address
5566 FT. CAROLINE RD	5566 FT. CAROLINE RD
Suite, Apt. #, etc.: 10	Suite, Apt. #, etc.: 10
City & State: JACKSONVILLE FL	City & State: JACKSONVILLE FL
Zip: 32277 Country: US	Zip: 32277 Country: US

4. FEI Number: 04-3619087 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HAN, YU D CPA 4401 EMERSON STREET SUITE 8 JACKSONVILLE, FL 32207	Name: SUNG A. LEE Street Address (P.O. Box Number is Not Acceptable): 3500 UNIVERSITY BLVD N. # 1712 City: JACKSONVILLE FL Zip Code: 32277

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: X Sung A Lee SUNG A. LEE 4/27/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPTS LEE, SUNG A 3500 UNIVERSITY BLVD 1712 JACKSONVILLE, FL 32277	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 600054340186 05/12/05--01072--010 **300.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition RE[illegible] 04-25 T. Roberts MAY 10 [illegible]
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X Sung A Lee SUNG A LEE 4/27/05 904-
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #