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FILED
May 18, 2005 8:00 am
Secretary of State

PLEASE READ ALL INSTRUCTIONS BEFORE COMI

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000020825

1. Corporation Name
SALON JOLIE, INC.

2. Principal Office Address
6851 Stirling Road, Ste. 27

3. Mailing Office Address
6851 Stirling Road, Ste. 27

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Davie, FL

City & State
Davie, FL

Zip
33314

Country
US

Zip
33314

Country
US

**4. Date Incorporated or Qualified
To Do Business in Florida** 2/26/2001

5. FEI Number
65-1076118

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
Nellie Legros

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

Suite, Apt. #, Etc

City
Weston

State
FL

Zip Code
33326

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**

Date 5/16/05

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
PSTD	Nellie Legros	132 Riviera Circle	Weston, FL 33326

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)(i), F.S. The information furnished on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Nellie Legros, President

Date

5/16/05

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR