

FILED JUN 03, 2005 16:17

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P010000977440

1. Corporation Name
Jane's Bella Salon, Inc.

2. Principal Office Address **Highway 3776 N. Federal**

3. Mailing Office Address **same**

4. Date Incorporated or Qualified To Do Business in Florida **10/05/01**

5. FEI Number Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

City & State **Lighthouse Point FL**

Zip **33064** Country

7. Name and Address of Current Registered Agent

Name **Jane Cohn**

Street Address (P.O. Box Number is Not Acceptable) **3776 N. Federal Highway**

Suite, Apt. #, Etc.

City **Lighthouse P.** State **FL** Zip Code **33064**

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 _____

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
PD	Jane Cohn	3776 N. Federal Highway	Lighthouse Point FL 33064

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05/05/05 01050 002 **1200.00

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)(f), 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 **Jane Cohn** ✓ **6/5/05** **954-781-8411**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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