

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000021197

1. Corporation Name

JAS HAIR AND NAILS, INC.

Principal Place of Business

Mailing Address

~~4020 NORTH HILLS DRIVE, #9~~
~~HOLLYWOOD FL 33021~~

4020 NORTH HILLS DRIVE, #9
HOLLYWOOD FL 33021

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

33021

USA

4. Date Incorporated or Qualified
To Do Business in Florida

02/21/2002

5. FEI Number

03-0406319

Applied For

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	RUBBO, JANICE A	4020 NORTH HILLS DRIVE, #9	HOLLYWOOD FL 33021
D	NARDONE, SHARON	12269 S W 50TH PLACE	COOPER CITY FL 33330

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

RUBO, JANICE A
4020 NORTH HILLS DRIVE, #9
HOLLYWOOD FL 33021

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. or 617.0505, F.S.

Signature of
Registered Agent

Janice A. Rubbo
REGISTERED AGENT MUST SIGN

SIGNATURE REQUIRED

Date

10/10/03

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:

Janice A. Rubbo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
President

Date

10/10/03 954983-5661

Daytime Phone #

CR2E040 (7/03)

La. Dept. of State

This letter is to inform you that this is the 1st notice I received from you to file my 2003 Annual Report.

I called and was told to send this letter with a check for \$150.00 to reinstate my corporation.

I think the problem was that this was sent to my home address instead of the business address - I live in an apartment and don't always get the correct mail - I get mail for other people and in pure other people get mail for me - Anyway to correct this problem please send further notices to the following address -

Jos Hair and Nails, Inc.
4510 Hollywood Blvd.
Hollywood, CA 90021

Thank you Anne C. Kelly, President