

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 # P02000023727

1. Corporation Name

J-N-C SALON, INC.

Principal Place of Business

Mailing Address

17039 S. DIXIE HIGHWAY
MIAMI FL 33157

17039 S. DIXIE HIGHWAY
MIAMI FL 33157

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

4. Date Incorporated or Qualified
To Do Business in Florida

02/27/2002

5. FEI Number

04-3657462

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
PSD	STRACHAN, JEAN	17039 S. DIXIE HIGHWAY	MIAMI FL 33157

100023870811
10/17/03-01022-021 **150.00

8. Name and Address of Current Registered Agent

STRACHAN, JEAN
17039 S. DIXIE HIGHWAY
MIAMI FL 33157

9. Name and Address of New Registered Agent

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

Jean Strachan
REGISTERED AGENT MUST SIGN

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:

Jean Strachan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/10/03 365 253 9439

J.N.C. Beauty Salon
INC. 17039 S. Dixie
Miami Fl. 33157

OCT. 10, 2003

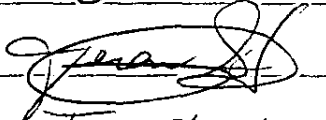
P02000023727

Dear Department of State,

This is Jean Strahan.

Corporation at 17039 S. Dixie, Miami, Fl. 33157.

This letter is to inform you that I am
sorry, But I did not receive neither one
of your notices. This is the only one
I see, which I am complying to. Sorry for
the inconvenience. Here is you check
for the amount of \$150.00.
Thanks once again.


Jean Strahan