

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 OCT 14 AM 8:00

DOCUMENT # P02000070945

1. Corporation Name

INSTYLE, OF JACKSONVILLE, INC

REINSTATEMENT 03

Principal Place of Business

740 N. EDGEWOOD AVE.
JACKSONVILLE FL 32254

Mailing Address

740 N. EDGEWOOD AVE.
JACKSONVILLE FL 32254



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

4. Date Incorporated or Qualified
To Do Business in Florida

06/27/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

74-3050299

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	PUNJABI, RAMESH D	740 N. EDGEWOOD AVE.	JACKSONVILLE FL 32254

500023788965
10/14/03--01029--021 **150.00

8. Name and Address of Current Registered Agent

PUNJABI, RAMESH D
740 N. EDGEWOOD AVE.
JACKSONVILLE FL 32254

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

SIGNATURE REQUIRED

Date

REGISTERED AGENT MUST SIGN

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-13-03
Date

388 5858
Daytime Phone #

CR2E040 (7/03)

Ramesh D. Punjabi
740 N. Edgewood Ave
Jacksonville, FL 32254

October 13, 2003

Florida Department of State
Annual Report Section
PO Box 6327
Tallahassee, FL 32314-6327

In reference to our telephone conversation today attached is a check in the amount of \$150.00.

Since this is the first notice I have received since I started the corporation please accept the payment of \$150.00 and reinstate my corporation.

Thanks for your cooperation and understanding.

Sincerely,

Ramesh Punjabi