PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

FILED

09 FEB 25 PM 4:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000116393

1. Corporation Name

Jackie's Creations Hair Unlimited, Inc

REINSTATEMENT 02-09

CR2E081 (12/08)

2. Principal Office Address - No P.O. Box #

6619 S Dixie HWY

3. Mailing Office Address

Same

Suite, Apt. #, etc.

#157

Suite, Apt. #, etc.

City & State

Miami, Fl

City & State

Zip	Country	Zip	Country
33143	Dade		

4. Date Incorporated or Qualified To Do Business in Florida 2/23/09

5. FEI Number P02000116393

☐ 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 Jacqueline Chambliss

Street Address (P.O. Box Number is Not Acceptable) 6619 S Dixie HWY

Suite, Apt. #, Etc. #157

City	State	Zip Code
Miami	FL	33143

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 *Jacqueline L Chambliss* Date 2-23-09

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
CEO	Jacqueline L. Chambliss	6619 S Dixie Hwy #157	Miami, Fl 33143
		000144412080	
		02/25/09--01027--020 **450.00	

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 contained in Chapter 119, 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: *Jacqueline L Chambliss*   5-23-09

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #