

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 OCT 26 PM 4:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000081099
1. Corporation Name K & J Boutique Beauty Palace, Inc.

500111399585
10/26/07--01058--009 **300.00

2. Principal Office Address - No P.O. Box # 4581 Challenger Way 3. Mailing Office Address 4581 Challenger Way

REINSTATEMENT 06-07

Suite, Apt. #, etc. 56 Suite, Apt. #, etc. 56

City & State West Palm Beach, FL City & State West Palm Beach, FL

Zip 33417 Country USA Zip 33417 Country USA

4. Date Incorporated or Qualified To Do Business in Florida 7-24-03

5. FEI Number 55-0844421 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 Ketty Alcee
Street Address (P.O. Box Number is Not Acceptable) 4581 Challenger Way
Suite, Apt. #, Etc. 56
City West Palm Beach State FL Zip Code 33417

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 [Signature] Date 12/22/07
(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
VP	Reginald Joseph	4581 Challenger Way	West Palm Beach, FL 33417
T	Jean K. Alcee	4581 Challenger Way #56	West Palm Beach, FL 33417
T	Jeffrey A. Alcee	4581 Challenger Way #56	West Palm Beach, FL 33417

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided 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: [Signature] Jean Alcee Date 10/28/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #