

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

05 SEP -7 PM 4:51

SECRET  
FALL 1977

DOCUMENT # P03000086217

1. Corporation Name

Jona Fashion Beauty Center, Inc.

2. Principal Office Address

2420 N.W. 27th Ave.

Suite, Apt. #, etc.

3. Mailing Office Address

2420 N.W. 27th Ave.

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33142-7234

Country

U.S.A.

City & State

Miami, FL

Zip

33142-7234

Country

U.S.A.

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

54-2124853

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

Santos, Jose M.

Street Address (P.O. Box Number is Not Acceptable)

6640 West 24th Ct.

Suite, Apt. #, Etc.

Apt. 101

City

Hialeah

State

FL

Zip Code

33016

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

Date

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
D/P	Nunez, Simona	6640 West 24th Ct., Apt. 101	Hialeah, FL 33016
D/S/T	Santos, Jose M.	6640 West 24th Ct., Apt. 101	Hialeah, FL 33016

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 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:

*Simona Nunez*

Simona Nunez

8-1-05

305-634-5397

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E001 (01/05)