

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000045568

1. Entity Name
MEOSHE'S HAIR & NAILS INC



06 JAN -3 PM 2:55

Principal Place of Business
1280 SOUTH POWERLINE ROAD
3
POMPANO BEACH, FL 33309

Mailing Address
1280 SOUTH POWERLINE ROAD
3
POMPANO BEACH, FL 33309

STATE OF FLORIDA
TALLAHASSEE
RECEIVED JAN 10 2005



2. Principal Place of Business

3. Mailing Address

12052005 REIN-P CR2E098 (6/04)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
76-080-7931

☒ Applied For
☐ Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FRAZIER, DESIE A.
6475 WEST OAKLAND PARK BOULEVARD
102
OAKLAND PARK, FL 33313

Name Meoshie Erans
Street Address (P.O. Box Number is Not Acceptable)
3900 NW 21st Avenue
City Oakland Park FL 33309

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$750.00
After January 1, 2006, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

TITLE P
NAME EVANS, MEOSHIE ☒ Delete
STREET ADDRESS 6475 WEST OAKLAND PARK BOULEVARD, 102
CITY-ST-ZIP OAKLAND PARK, FL 33313

TITLE VP
NAME FRAZIER, DESIE ☒ Delete
STREET ADDRESS 6475 WEST OAKLAND PARK BOULEVARD, 102
CITY-ST-ZIP OAKLAND PARK, FL 33313

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME Meoshie Erans ☒ Change ☐ Addition
STREET ADDRESS 3900 NW 21st Avenue
CITY-ST-ZIP Oakland Park, Florida 33309

TITLE VP
NAME Desie Frazier ☒ Change ☐ Addition
STREET ADDRESS 3900 NW 21st Avenue
CITY-ST-ZIP Oakland Park, Florida 33309

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/26/05