


# 2007 FOR PROFIT CORPORATION REINSTATEMENT

102

DOCUMENT # P06000084808		
1. Entity Name JOY'S DIVA'S BEAUTY SALON, INC.		

FILED

07 DEC -7 PM 4:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business 16678 NE 10TH AVENUE N MIAMI BCH, FL 33162	Mailing Address 16678 NE 10TH AVENUE N MIAMI BCH, FL 33162
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country



REINSTATEMENT 2007  
11302007 REIN-01 CR2E098 9/07

4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MAPP, JOAN 16678 NE 10TH AVENUE N MIAMI BCH, FL 33162	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

FILE NOW!!! FEE IS \$150.00 After January 1, 2008, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAPP, JOAN 16678 NE 10TH AVENUE N MIAMI BCH, FL 33162 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700112951397 12/07/07--01051--012 **150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 TITLED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	12/4/07 Date
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GOD Blesses

To whom this  
may concern I  
didn't get my mail

have

John Maff

Phone 786-356-1933

my home address

600 N.W. 188 St

Miami, Fla. 33169