

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM


FILED

2017 NOV -3 AM 10:00

SECRETARY OF STATE
RECEIVED

CR2E041 (1/14)

COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P14000033182

1. Limited Liability Company's Name
MATTHEWS BEAUTY ASSOC.
6233 MERCER CIR. W. INA
JAX FL 32217 DOC. 140000

2. Principal Office Address - No P.O. Box #
6233 MERCER CIR. W. SAME

3. Mailing Office Address
SAME

State, Apt #, etc
JAX FL

City & State
JAX FL

Zip Country
32217 DUVAH

4. State/Country of Formation
FLA-DUVAL-110340601

5. Date Organized or Qualified To Do Business in Florida
03/27/12

6. FEI Number
Applied For
Not Applicable

7. CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required for a certificate of status

8. Name and Address of Current Registered Agent

Name
JO ANN MATTHEWS

Street Address (P.O. Box Number is Not Acceptable) Suite, Apt #, Etc
6233 MERCER CIR. W.

City State Zip Code
JAX FL 32217

80030533848
11/03/17--01025--014 **150.00

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent
Jo Ann Matthews - Broker Date 10/30/2017

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip
<u>P</u>	<u>JOANN MATTHEWS</u>	<u>6233 Mercer Cir W</u>	<u>Jax FL 32217</u>

REINSTATEMENT

NOV 03 2017

R. HUNT

11. E-mail Address
JOANN.MATTHEWS@ATT.NET
(To be used for future annual report notifications)

12. I certify that I am an authorized representative/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirement of section 605.0012, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member
Jo Ann Matthews Date 10/30/17 Daytime Phone # 904-614-3865

Typed or printed name of signing authorized representative/member