

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

98 JAN 22 AM 10:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000064649

1. Corporation Name

JON ANDRE HAIR SALON, INC.

Principal Place of Business

10101 BISCAYNE BLVD.
SPACE 17
N MIAMI BEACH FL 33180

Mailing Address

10101 BISCAYNE BLVD.
SPACE 17
N MIAMI BEACH FL 33180

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

10141 BISCAYNE BLVD.
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

SAME
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business In Florida

08/22/1995

5. FEI Number

65-0619740

Applied For

Not Applicable

City & State

N. MIAMI, FL.

City & State

Zip

33160

Country

U.S.A.

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	JOHNSON, WILLIAM J	10101 BISCAYNE BLVD. APCE 17	N MIAMI BEACH FL 33180
Pres.	JOHNSON, WILLIAM JERRY	10141 BISCAYNE BLVD.	N. MIAMI, FL. 33160
D	JOHNSON, WILLIAM J	10101 BISCAYNE BLVD. APCE 17	N MIAMI BEACH FL 33180
V. Pres.	JOHNSON, WILLIAM JASON	"	"
D	COHEN, JERRI A	10101 BISCAYNE BLVD. APCE 17	N MIAMI BEACH FL 33180
Sec.	"	"	"
700002415317--6 -01/28/98--01108--013 ****750.00 ****750.00			
REINSTATEMENT 97-98			
C. Allen			

8. Name and Address of Current Registered Agent

JOHNSON, WILLIAM J
10101 BISCAYNE BLVD. 10141 BISCAYNE BLVD.
SPACE 17
N MIAMI BEACH FL 33180
N. MIAMI, FL. 33160

9. Name and Address of New Registered Agent

Name

Jan. 22, 1998

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

William Jerry Johnson

Date

(REGISTERED AGENT MUST SIGN)

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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:

William Jerry Johnson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CF2E040 (8/97)