

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P96000077131

1. Corporation Name

ASIA HAIR BODY SOUL INC.

Principal Place of Business

1556 EUCLID AVE
MIAMI BEACH FL 33139

Mailing Address

1556 EUCLID AVE
MIAMI BEACH FL 33139

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

2. New Principal Office Address, if Applicable

630 Lincoln Rd.

Suite, Apt. #, etc.

3. New Mailing Office Address, if Applicable

630 Lincoln Rd.

Suite, Apt. #, etc.

City & State

Miami Bch FL

Zip

33139

Country

USA

City & State

Miami Bch FL

Zip

33139

Country

USA

4. Date Incorporated or Qualified To Do Business in Florida

09/16/1996

5. FEI Number

65-0716529

Applied For

Not Applicable

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
P	KUSHNER, JAY	1556 EUCLID AVE, STE 2	MIAMI BEACH FL
		630 Lincoln Rd. 1735 Calais Drive #3	Miami Bch 33141

8. Name and Address of Current Registered Agent

KUSHNER, JAY
1556 EUCLID AVE
MIAMI BEACH FL 33139

9. Name and Address of New Registered Agent

Name JAY KUSHNER
Street Address (P.O. Box Number is Not Acceptable)
1735 Calais Drive
Suite, Apt. #, Etc.
#3
City Miami Bch
State FL Zip Code 33141

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

[Signature] REQUIRED
REGISTERED AGENT MUST SIGN

Date

12/9/98

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:

[Signature] REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JAY KUSHNER

12/9/98
Date

305 673 8344
Daytime Phone #

CR2ED40 (8/98)