

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE  
 Katherine Harris  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

DOCUMENT # P97000017147

01 OCT 23 AM 10:49

1. Corporation Name

J. CAROL'S HAIR & NAIL SPECIALIST, INC.

Principal Place of Business

Mailing Address

17039 SOUTH DIXIE HWY.  
 MIAMI FL 33157  
 US

17039 SOUTH DIXIE HWY.  
 MIAMI FL 33157  
 US

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business In Florida

02/24/1997

Suite, Apt. #, etc.

Same

Suite, Apt. #, etc.

City & State

City & State

5. FEI Number

65-0730233

Applied For

Not Applicable

Zip

Country

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	4 City / State / Zip
PSD	STRACHAN, RUSSELL	17039 S. DIXIE HWY.	MIAMI FL 33157
VT	STRACHAN, JEAN CAROL	17039 S. DIXIE HWY.	MIAMI FL 33157

600004673016--8  
 -11/08/01--01072--020  
 \*\*\*\*150.00 \*\*\*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

AMERILAWYER CHARTERED  
 343 ALMERIA AVENUE  
 CORAL GABLES FL 33134

Name

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

Suite, Apt. #, Etc.

City

State **FL** Zip Code

CR2E040 (8/01)

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

*Handwritten Signature*

Date 10-19-01

REGISTERED AGENT MUST SIGN

11. 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:

*Handwritten Signature*

Date 10-19-01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Davitme Phone #

October 19, 2001  
J. Card's Beauty Salon  
Miami, FL 33157

To The Department of State  
This letter is to inform  
you that J. Jean Strachan working  
or employed at J. Card's Beauty Salon.  
did not receive your first letter  
of renewal of the business at J. Card's  
Beauty Salon. Please am sorry. And  
enclose with the sign document is  
the check for 150.00

Thanks you very much.

Jean Strachan (VT)