

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 JUL -1 PM 12:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000043021

1. Corporation Name

J. N. J. Beauty Supply Inc

2. Principal Office Address

10437 SW 23 Court

Suite, Apt. #, etc.

City & State

Miramar FL

Zip

33025

Country

US

3. Mailing Office Address

10738 NE 2nd place

Suite, Apt. #, etc.

City & State

Miami FL

Zip

33141

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

5/12/1997

5. FEI Number

☒ Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Huguette Chery

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

10437 SW 23 CT

Suite, Apt. #, Etc.

City

Miramar

State

FL

Zip Code

33025

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8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Huguette Chery

REGISTERED AGENT MUST SIGN

Date

6/28/05

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Huguette Chery	10437 SW 23 CT Miramar FL 33025	Miramar FL 33025
VP	Nadine Chery	17620 NW 73 Ave #200	Miami FL 33015
S	Jackson Chery	10437 SW 23 CT	Miramar FL 33025
T	Jancy Fonseca	10437 SW 23 CT	Miramar FL 33025
T	Jimmy Laing	10437 SW 23 CT	Miramar FL 33025

10. 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: Huguette Chery Nadine Chery 6/28/05 305 389-1911
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (01/05)