

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

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

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P 970000 43021

1. Corporation Name

J. N. J. Beauty Supply Inc

2. Principal Office Address

10437 SW 23 Court

Suite, Apt. #, etc.

3. Mailing Office Address

10738 NE 2nd place

Suite, Apt. #, etc.

City & State

Miramar FL

City & State

Miami FL

Zip

33025

Country

US

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

600056907596

07/01/05--01047--001 **1650.00

State

FL

Zip Code

33025

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	Janey 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:

Nadine 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)