

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 MAR 26 PM 1:52

DOCUMENT # P98000095151

1. Corporation Name

Pro Style & Cuts, Inc.

2. Principal Office Address - No P.O. Box #

11380 Beach Blvd

Suite, Apt. #, etc.

Unit 3

City & State

Jacksonville, FL

Zip

32246

Country

Duval

3. Mailing Office Address

11380 Beach Blvd

Suite, Apt. #, etc.

Unit 3

City & State

Jacksonville, FL

Zip

32246

Country

Duval

500147539955
03/26/09--01015--023 **1050.00
REINSTATEMENT 03-09 K5

4. Date Incorporated or Qualified
To Do Business in Florida 11/10/1998

5. FEI Number
59-3545327

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

Jacqueline Gash

Street Address (P.O. Box Number is Not Acceptable)
11742 Magnolia Falls Drive

Suite, Apt. #, Etc.

City

Jacksonville, FL

State

FL

Zip Code

32258

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

REGISTERED AGENT MUST SIGN

Date

3/20/09

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	Jacqueline Gash	11742 Magnolia Falls Drive	Jacksonville, FL 32258

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 contained in Chapter 119, 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:

Jacqueline Gash

Jacqueline Gash

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/20/09

904-997-9002

Daytime Phone #