## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FILED

TELADE NEAD	ALL INDITION TONG BEI ONE	COMPLETING THIS FORM FILED	
CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE  Jim Smith  Secretary of State  DIVISION OF CORPORATIONS	02 SEP 24 AM 9: 21 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # Sみよるよ	<del></del>	TALLET MARKEL, TECHNOR	
J'NAT Beauty So	los Im		
VIVIII Scasig Sa		0000080219900 -09/25/0201071012 *****300.00 *****300.00	
2. Principal Office Address	3. Mailing Office Address		
13790-S.W. 152nd St.	_ same		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
		4. Date Incorporated or Qualified	
City & State	City & State	To Do Business in Florida O 10 199	
Miami, FL		5. FEI Number Applied For	
Zip Country	Zip Country	- <u>65 - 633</u> る9 <u>65</u> Not Applicable	
33177 15	Country	CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required	
03111 03	7. Name and Address of Current Registe	for a Certificate of Status	
Name  Nathoniel Carrasquillo  Street Address (P.O. Box Number is Not Acceptable)  ISHSI S.W. ISSAND COUNT  Suite, Apt. #, Etc.  City  Miami, FL 33177  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  Parent PED ACENT ALLET SIGN			
Signature of 2 Registered Agent 4 / 20/02			
RET	SISTERED AGENT MUST SIGN		
9. Names and Street Addresses of Each Officer and/	or Director (Florida nonprofit corporations must list at le	east 3 directors)	
Titles Name of Officers and/or Directors	Street Address of Eacl Officer and/or Directo	h	
DVS Jason Carrasqui	110 15451 S.W. 156	2 Court Miami, FL 33177	
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: 49/20/02 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Date: Date: Daylime Phone #			

g 9/24/02

September 18, 2002

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314-6327

Re:

J'Nat Beauty Salon, Inc.

FEI # 65-0232965

To Whom It May Concern:

The previous Uniform Business Reports for last year for the above mentioned corporation were never received by the officers of the company. A reinstatement was sent to the division of Corporations and as per a conversation with Michelle from the department was sent back because of wrong filling fee, that check was never received by the officer of he company. Enclosed please find an Application for reinstatement along with the right filing fee. I thank you in advanced for your cooperation to this matter.

Sincerely,

Nathaniel Carrasquillo

Certified Public Accountants

TO: Nathaniel	DATE: 1-18-02

## INSTRUCTIONS FOR FILING

## UNIFORM BUSINESS REPORT (UBR)

## **TAX YEAR 2002**

- 1) THE TAX REPORT IS TO BE SIGNED BY AN OFFICER.
- 2) MAIL THE REPORT IN THE ENCLOSED ENVELOPE

  NO LATER THAN MAY 1, 2002 TO:

  ACA T

DIVISION OF CORPORATIONS
UNIFORM BUSINESS REPORT FILINGS
P.O/BOX 1500
TALLAHASSEE, FLORIDA 32302-1500

- 3) ENCLOSE A CHECK IN THE AMOUNT OF \$ 300.00 MADE PAYABLE TO "DEPARTMENT OF STATE." INDICATE YOUR FEDERAL IDENTIFICATION NUMBER ON THE CHECK.
- 4) THIS MUST BE MAILED **NO-LATER THAN MAY 1,2002** IN ORDER TO AVOID LATE PENALTIES.
- 5) KEEP THE TAXPAYER COPY FOR YOUR RECORDS.