

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 MAY -2 PM 3:39

**DOCUMENT #**

V59340

**1. Corporation Name**

John Shepard Enterprises, Inc.  
DBA: Mi-Jon Salon & Day Spa

**2. Principal Office Address**

9965-16 San Jose Blvd

Suite, Apt. #, etc.

City & State

Jacksonville, FL

Zip

32257

Country

USA

**3. Mailing Office Address**

9965 San Jose Blvd

Suite, Apt. #, etc.

Suite 16 thru 20

City & State

Jacksonville, FL

Zip

32257

Country

USA

**REINSTATEMENT 99-01**

**4. Date Incorporated or Qualified  
To Do Business in Florida**

**5. FEI Number**

59-3136095

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

John Shepard

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

12955 Julington Road

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32258

400004217574-1  
-05/15/01 --01092--001  
\*\*\*\*500.00 \*\*\*\*500.00

**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

4-30-01

**9. Names and Street Addresses of Each Officer and/or Director (Florida non-profit 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	John Shepard	12955 Julington Road	Jacksonville, FL 32258
VP	Michelle Mullen	12955 Julington Road	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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN SHEPARD

Date

Daytime Phone #

(904)260-9523

CR2E081 (9/00)