

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

**REINSTATEMENT 99-01**

<b>2. Principal Office Address</b> 9965-16 San Jose Blvd		<b>3. Mailing Office Address</b> 9965 San Jose Blvd	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 16 <sup>th</sup> thru 20	
City & State Jacksonville, FL		City & State Jacksonville, FL	
Zip 32257	Country USA	Zip 32257	Country USA
<b>4. Date Incorporated or Qualified To Do Business in Florida</b> <b>5. FEI Number</b> <b>59-3136095</b>			
<b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> <b>\$8.75 Additional Fee required for a Certificate of Status</b>			

**7. Name and Address of Current Registered Agent**

Name John Shepard	400004217574
Street Address (P.O. Box Number is Not Acceptable) 12955 Julington Road	-05/15/01 -01092-001
Suite, Apt. #, Etc.	****500.00 ****500.00
City Jacksonville	State FL Zip Code 32258

**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

Date

4/30/01

CR2081 (9/00)

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonpro** 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
			John Shepard
			07-12-00 90014 039 \$550.00

**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)(l), 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:**

JOHN SHEPARD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(904)260-9523

Date

Daytime Phone #