

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

2008
CORPORATION
2008 AR



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
08 MAY -2 PM 1:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P07000063066

1. Corporation Name

Jabri's Hair Design Inc.

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

119 W Washington St
Chattahoochee, FL 32324

Suite, Apt. #, etc.

3. Mailing Office Address

119 W Washington St
Chattahoochee, FL 32324

Suite, Apt. #, etc.

City & State

Chattahoochee

City & State

Chattahoochee

Zip

32324

Country

US
Gadsden

Zip

32324

Country

US

ANNUAL REPORT

4. Date Incorporated or Qualified To Do Business in Florida

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

McWhite, Jahnice Mae

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

119 W Washington St.

Suite, Apt. #, Etc.

City

Chattahoochee FL

State

FL

Zip Code

32324

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

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
D	McWhite, Jahnice Mae	119 W Washington Street	Chattahoochee, FL 32324

000130174210
05/28/08-01017-006 **150.00

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 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:

Jahnice Mae McWhite
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/08
Date

850-663-3900
Daytime Phone #