

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P02000032655

FILED
Oct 05, 2005
Secretary of State

Entity Name: CREATIVE HAIR DESIGN OF LAKE PLACID, INC.

Current Principal Place of Business:

201 N MAIN ST
LAKE PLACID, FL 33852

New Principal Place of Business:

200N MAIN AVE
LAKE PLACID, FL 33852

Current Mailing Address:

201 N MAIN ST
LAKE PLACID, FL 33852

New Mailing Address:

200 N MAIN AVE
LAKE PLACID, FL 33852

FEI Number: 03-0407889

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHOENFELD, BONNIE
201 N MAIN ST
LAKE PLACID, FL 33852 US

Name and Address of New Registered Agent:

SCHOENFELD, BONNIE
200 N MAIN AVE
LAKE PLACID, FL 33852 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: BONNIE SCHOENFELD

10/05/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SCHOENFELD, BONNIE
Address: 201 N MAIN ST
City-St-Zip: LAKE PLACID, FL 33852

Title: D () Delete
Name: SCHOENFELD, CHARLES
Address: 201 N MAIN ST
City-St-Zip: LAKE PLACID, FL 33852

Title: D () Delete
Name: SCHOENFELD, AMBER
Address: 201 N MAIN ST
City-St-Zip: LAKE PLACID, FL 33852

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: SCHOENFELD, BONNIE
Address: 200 N MAIN AVE
City-St-Zip: LAKE PLACID, FL 33852

Title: D (X) Change () Addition
Name: SCHOENFELD, CHARLES
Address: 200 MAIN AVE
City-St-Zip: LAKE PLACID, FL 33852

Title: D (X) Change () Addition
Name: SCHOENFELD, AMBER
Address: 200 N MAIN AVE
City-St-Zip: LAKE PLACID, FL 33852

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BONNIE SCHOENFELD

D

10/05/2005

Electronic Signature of Signing Officer or Director

Date