

# 2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED

09 JAN 29 AM 10: 58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**DOCUMENT # P03000094569**

1. Entity Name  
**BELLA U SALON & CO. INC.**

Principal Place of Business  
**5443 AIRPORT PULLING RD NO  
NAPLES, FL 34109**

Mailing Address  
**5443 AIRPORT PULLING RD NO  
NAPLES, FL 34109**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01282009 REIN-P CR2E098 (1/07)

City & State

City & State

4. FEI Number

**86-1079892**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NAIR, KIMBERLY  
2430 VANDERBILT BEACH RD  
SUITE 108-272  
NAPLES, FL 34109**

Name **NANCY GLORIOSO**

Street Address (P.O. Box Number is Not Acceptable)  
**16258 RAUINAWAY**

City **NAPLES**

FL

Zip Code **34110**

8. 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. I am familiar with, and accept the obligations of registered agent

SIGNATURE *Nancy Glorioso*

**NANCY GLORIOSO**

DATE **1/28/09**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$300.00**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD**  Delete  
NAME **GLORIOSO, NANCY A**  
STREET ADDRESS **1083 PORT ORANGE WAY**  
CITY-ST-ZIP **NAPLES, FL 34120**

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **PD**  Change  Addition  
NAME **KENNETH MORROW**  
STREET ADDRESS **16258 RAUINAWAY**  
CITY-ST-ZIP **NAPLES FL 34110**

TITLE  Change  Addition  
NAME **VM NANCY GLORIOSO**  
STREET ADDRESS **16258 RAUINAWAY**  
CITY-ST-ZIP **NAPLES FL 34110**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP **700142418827**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP **01/29/09--01046--018 \*\*308.75**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE *Kenneth Morrow* **KENNETH MORROW**

DATE **1/28/09**

DAYTIME PHONE # **239-594-9588**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #