

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000094172

1. Entity Name
ROSE SALON, INC.



FILED

07 APR -2 AM 9:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



02282007 REIN-P CR2E098 (1/07)

4. FEL Number **20-3122351** Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NGUYEN, HONG THANH
8808 BEACH BLVD-WALMART CENTER
JACKSONVILLE, FL 32216

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 _____ (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

TITLE **P** ☒ Delete
NAME **LE, QUY**
STREET ADDRESS **4590 REED BARK LANE**
CITY-ST-ZIP **JACKSONVILLE, FL 32246**

TITLE **VP** ☐ Delete
NAME **NGUYEN, HONG THANH**
STREET ADDRESS **4590 REED BARK LANE**
CITY-ST-ZIP **JACKSONVILLE, FL 32246**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition
600096445216
04/11/07--01020--012 **300.00

P, VP ☒ Change ☐ Addition
Rose NGUYEN
4017 DAY RD
Jacksonville, FL 32207

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *R.12*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/07 904-620-0084
Date Daytime Phone #

REINSTATEMENT 06-07

24/5