


# 2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2006 DEC 14 PM 4:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # P05000119141</b> 1. Entity Name <b>GENESIS BY CHANO BEAUTY SALON, INC.</b>	
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Principal Place of Business <b>76 NW 24TH CT MIAMI, FL 33125</b>	Mailing Address <b>76 NW 24TH CT MIAMI, FL 33125</b>
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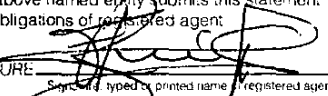


2. Principal Place of Business <b>1280 SW 1st St #5</b>	3. Mailing Address <b>1280 SW 1st # 5</b>
Suite, Apt. #, etc. <b>Miami Fla</b>	Suite, Apt. #, etc. <b>1280 SW 1st # 5</b>
City & State <b>33135</b>	City & State <b>Miami Fla</b>
Zip <b>DADE</b>	Zip <b>33135</b>
Country <b>DADE</b>	Country <b>DADE</b>

12132006	REIN-P	CR2E098 (11/05)
4. FEI Number <b>20-3391544</b>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		

<b>6. Name and Address of Current Registered Agent</b>  RUIZ, FELICIANO 76 NW 24TH CT MIAMI, FL 33125	<b>7. Name and Address of New Registered Agent</b>  Name Street Address (P.O. Box Number is Not Acceptable) <b>1280 SW 1st St # 5</b> <b>Miami</b> City <b>FL</b> Zip Code <b>33135</b>
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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:  DATE: \_\_\_\_\_

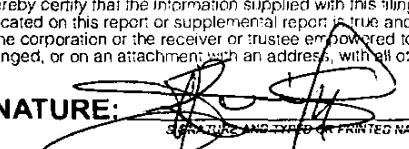
(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00  
After January 1, 2007, Fee will be \$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	P	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RUIZ, FELICIANO			NAME	200082634422		
STREET ADDRESS	1280 SW 1ST STREET #5			STREET ADDRESS	12/19/06--01018--016		**150.00
CITY-ST-ZIP	MIAMI, FL 33125			CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RUIZ, CLEMENTINA			NAME			
STREET ADDRESS	1280 SW 1ST STREET #5			STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33125			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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:  DATE: \_\_\_\_\_ DAYTIME PHONE #: \_\_\_\_\_

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/14