

9-25-05 777-321-8146

2005 FOR PROFIT CORPORATION

2	005 FOR PROFIT & REINSTA	「CORPORA TEMENT	TION				
1. Entity Name	MENT # P98000034 Dus touch hair salon i			OS OCT -6	AHII: 41 TATE SCE, FLORIDA		
Principal Place of Business 2044 2ND AVENUE NORTH ST. PETERSBURG, FL 33713		Mailing Address 2044 2ND AVENUE NORTH ST. PETERSBURG, FL 33713		PENSTATE DENT 04-05			
2. Principal Place of Business 2. 4 9 9 5 . 5. Suite, Apt. #, etc.		3. Mailing Address 20442nd awe N Suite, Apt. #, etc.		6 9142005	REIN-P CF	R2E098 (6/04)	
St. Petersburg, Fl		Sty & Shalle Level F1.		4. FEI Number Applied For 59-3504690 Not Applicable 5. Certificate of Status Desired \$8.75 Additional			
33707	L UŠA	33713	<u>usa</u>			Fee Required	
	6. Name and Address of Current F	Registered Agent	Name	7. Name and	1 Address of New Register	red Agent	
	AMMY L AVENUE NORTH RSBURG, FL 33713	Street Addres		s (P.O. Box Number is Not Acceptable)			
			City			FL Zip Code	
	named entity submits this statement for ions of registered agent.	the purpose of changing its	registered office or regis	stered agent, or bo	th, in the State of Florida. 1	am familiar with, a	and accept
SIGNATURE_	Signature, typed or printed name of registered opentia	nd lille if applicable. (NOT	E: Registered Agent signature re	quired when reinstating	9-25	-2005	
FII	LE NOWIII FEE IS \$300.00				In accordance with s. corporation did not rec		
10.	OFFICERS AND I		11.	ADDITIONS	/CHANGES TO OFFICERS		
NAME STREET ADDRESS CITY-S1-ZIP	D MOORE, TAMMY L 2044 2ND AVENUE NORTH ST. PETERSBURG, FL 33713	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	90 10/29	00060916 5/050103000	□ Change 5819 07 **300.	Addition
TITLE NAME STREET AODRESS CITY-ST-ZIP	P MOORE, TAMMY L 2044 2ND AVE N. SAINT PETERSBURG, FL 33713	☐ Delete	HILE NAME STREET ADDRESS GITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Detete	11TLE NAME. STREET ADDRESS CHY-S1-ZIP		 -	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Celete	TITLE NAME STREET ADDRESS CITY-S1-ZIP			☐ Change	Addition
IIILE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
indicated of the col	Lertify that the information supplied with d on this report or supplemental report is rporation or the receiver or trustee empt, , or on an attachment with an address, to	true and accurate and that owered to execute this repor	my signature shall have t t as required by Chapter	he same legat effe	ct as if made under oath; th	hat I am an officer	or director

Aug 30,2005

Dear Secretary of state.

Lam writing you because I mailed my minutes to Corporate Compliance Center at 400 Caftal Circle SE 18-403, Tallahassee 1=1 32301 along with my 100° Check, el have received my minutes form and Check back. Corporate Compliance Center informed me to write to the Secretary of State in order for the late filing fee to be waired. I have also mailed 4 Copy of the letter Corporate Compliance Thanks.

Jammy L. Marie
727-321-8144