

# **2012 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# 701874

**FILED**  
**Mar 14, 2012**  
**Secretary of State**

**Entity Name:** FLORIDA COSMETOLOGY ASSOCIATION, INC.

**Current Principal Place of Business:**

4492 HARBOUR NORTH COURT  
JACKSONVILLE, FL 32225

**New Principal Place of Business:**

**Current Mailing Address:**

4492 HARBOUR NORTH COURT  
JACKSONVILLE, FL 32225

**New Mailing Address:**

**FEI Number:** 59-1003667

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

POOLE, BONNIE A TREASUR  
4492 HARBOUR N. CT.  
JACKSONVILLE, FL 32225 US

**Name and Address of New Registered Agent:**

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 A. POOLE

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** BREWER, TERRY  
**Address:** 444 COPPERSTONE CIRCLE  
**City-St-Zip:** CASSELBERRY, FL 32707

**Title:** TRES  
**Name:** POOLE, BONNIE A  
**Address:** 4492 HARBOUR N. CT.  
**City-St-Zip:** JACKSONVILLE, FL 32205

**Title:** VP  
**Name:** CHAPMAN, CHARLES  
**Address:** 2950 ST. JOHNS AVE. #3  
**City-St-Zip:** JACKSONVILLE, FL 32205

**Title:** S  
**Name:** POOLE, BONNIE  
**Address:** 4492 HARBOUR N. COURT  
**City-St-Zip:** JACKSONVILLE, FL 32225

**Title:** D  
**Name:** CLAY, JERRY  
**Address:** 1219 SLASH PINE CIRCLE  
**City-St-Zip:** PUNTA GORDA, FL 33950

**Title:** D  
**Name:** FIGUEROA, IVETTE  
**Address:** 6029 LAKE POINTE DR. #203  
**City-St-Zip:** ORLANDO, FL 32822

I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** BONNIE A. POOLE

S

03/14/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date