

# 2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED

08 NOV 10 PM 2:39

CLERK OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F07000005241

1. Entity Name  
A&H BATH BOUTIQUES, INC.



Principal Place of Business  
92 NORTH MAIN STREET BLDG 3C  
WINDSOR, NJ 08561

Mailing Address  
92 NORTH MAIN STREET BLDG 3C  
WINDSOR, NJ 08561

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

3. Mailing Address  
PO Box 429

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
Windsor, NJ

Zip

Country

Zip  
08561-0429

Country

4. FEI Number  
81-0571741

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525

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 *Leslie A. Connell* *V.P.*  
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reactivating)

DATE

FILE NOW!! FEE IS \$150.00  
After January 1, 2009, Fee will be \$300.00

In accordance with s. 607.183(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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DPT  
DELEMOS, CELSO  
92 NORTH MAIN STREET BLDG 3C  
WINDSOR, NJ 08561 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VS  
CONNELL, LESLIE  
92 NORTH MAIN STREET BLDG 3C  
WINDSOR, NJ 08561 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition  
400137780024  
11/10/08--01020--009 \*\*\$150.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-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  
*W/10* ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

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 recorder 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: *Leslie A. Connell*  
Signature, typed or printed name of signing officer or director

609-426-4780  
Date Daytime Phone #