

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000069165

FILED
Jan 21, 2009
Secretary of State

Entity Name: HOME BEAUTY SALON & DAY SPA, LLC

Current Principal Place of Business:

4741 NW GAINESVILLE RD.
OCALA, FL 34475

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 246
OCALA, FL 34478

New Mailing Address:

FEI Number: 26-0467377 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

ANDERSON, NORMA
6320 NW 21ST COURT
OCALA, FL 34475 US

Name and Address of New Registered Agent:

ANDERSON, NORMA
4020 NE 14TH CT
OCALA, FL 34479 US

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: NORMA L. ANDERSON

01/21/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: ANDERSON, NORMA
Address: 6320 NW 21ST COURT
City-St-Zip: Ocala, FL 34475 FL

Title: MGR () Delete
Name: DAVIS, DONNA
Address: 4801 NW GAINESVILLE RD
City-St-Zip: Ocala, FL 34475 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: ANDERSON, NORMA L
Address: 4020 NE 14TH CT
City-St-Zip: Ocala, FL 34479 FL

Title: MGR (X) Change () Addition
Name: DAVIS, DONNA
Address: 4020 NE 14TH CT
City-St-Zip: Ocala, FL 34479 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: NORMA L. ANDERSON

MGR

01/21/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date