2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Oct 06, 2005
Secretary of State

DOCUMENT# N00000006231

Entity Name: ULTISSMA HAIR DESIGN SCHOOL, INC.

Current Principal Place of Business:

4617 BRENTWOOD AVENUE
JACKSONVILLE, FL 32206

New Principal Place of Business:

Current Mailing Address:

4617 BRENTWOOD AVENUE
JACKSONVILLE, FL 32206

New Mailing Address:

FEI Number: 31-1757564 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

COUNCIL, CLARENCE SR
2554 VERNON STREET
JACKSONVILLE, FL 32209 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: CLARENCE COUNCIL JR

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: COUNCIL, CLARENCE
Address: 2554 VERNON STREET
City-St-Zip: JACKSONVILLE, FL 32209 US

Title: V ( ) Delete
Name: COUNCIL, DELORIS A
Address: 2554 VERNON STREET
City-St-Zip: JACKSONVILLE, FL 32209 US

Title: DV ( ) Delete
Name: COUNCIL, DARRLYN C
Address: 2554 VERNON STREET
City-St-Zip: JACKSONVILLE, FL 32209 US

Title: DT ( ) Delete
Name: COUNCIL, TAMEKA N
Address: 2554 VERNON STREET
City-St-Zip: JACKSONVILLE, FL 32209 US

Title: D ( ) Delete
Name: PARKER, LOUIS C
Address: 2022 BROOKLYN RD
City-St-Zip: JAX, FL 32209 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: CLARENCE COUNCIL JR P 10/06/2005

Electronic Signature of Signing Officer or Director — Date