

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N04000009008

FILED
Nov 10, 2009
Secretary of State

Entity Name: ADRIENNE HYMANN CORP.

Current Principal Place of Business:

2802 BURR OAK DR
TAMPA, FL 33618

New Principal Place of Business:

Current Mailing Address:

2802 BURR OAK DR
TAMPA, FL 33618

New Mailing Address:

FEI Number: 61-1473930 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:

LOPEZ, JACQUELINE S
2802 BURR OAK DR
TAMPA, FL 33618 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: JACQUELINE LOPEZ

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LOPEZ, JACQUELINE S
Address: 2802 BURR OAK DR
City-St-Zip: TAMPA, FL 33618

Title: D () Delete
Name: BROWN, ANGELA
Address: 201 MIRACLE MILE DR 8B
City-St-Zip: ANDERSON, SC 29621

Title: D () Delete
Name: REIMERS, ANNA L
Address: 21 OGDEN ROAD
City-St-Zip: BELLEVILLE, NJ 07109

Title: A () Delete
Name: FREENY, KESHA M
Address: 517 CENTER POINT ROAD
City-St-Zip: VALRICO, FL 33594

Title: D () Delete
Name: BEST, RAYMOND J MR
Address: 2802 BURR OAK DRIVE
City-St-Zip: TAMPA, FL 33618

Title: () Delete
Name:
Address:
City-St-Zip:

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:

Title: D () Change (X) Addition
Name: BEST, YOLANDA A MS
Address: 2802 BURR OAK DRIVE
City-St-Zip: TAMPA, FL 33618

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 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: JACQUELINE LOPEZ

MS

11/10/2009

Electronic Signature of Signing Officer or Director

Date