

2014 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N12000006024

FILED
Jan 07, 2014
Secretary of State

Entity Name: HAIR IN MOTION OF NEW YORK APPRENTICESHIP TRAINING PROGRAM, INC.

Current Principal Place of Business:

1015 W COLONIAL DR
ORLANDO, FL 32804

New Principal Place of Business:

2121 S. HIAWASSEE RD
106
ORLANDO, FL 32835

Current Mailing Address:

15401 SW 47 ST
MIAMI, FL 33185

New Mailing Address:

2121 S. HIAWASSEE RD.
106
ORLANDO, FL 32835

FEI Number: 45-5529618

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SANCHEZ, MARIA J
2701 PONCE DE LEON BLVD STE 203
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

LESLINE, POWE-BARTON
2121 S. HIAWASSEE RD.
106
ORLANDO, FL 32835 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: LESLINE POWE-BARTON

01/07/2014

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: POWE-BARTON, LESLINE
Address: 2121 S. HIAWASSEE RD #106
City-St-Zip: ORLANDO, FL 32804

Title: VPTD
Name: ELLISON, LATOYA
Address: 1015 W COLONIAL DR
City-St-Zip: ORLANDO, FL 32804

Title: SD
Name: MARIA DEL ROSARI MOLINA
Address: 1015 W COLONIAL DR
City-St-Zip: ORLANDO, FL 32804

Title: V
Name: DELGADO, YAMILE
Address: 15410 SW 47 ST
City-St-Zip: MIAMI, FL 33185

Title: T
Name: RUIZ MOLINA, NICOLAS A
Address: 1015 SW 4 ST APT 1
City-St-Zip: MIAMI, FL 33130

Title: S
Name: GARNICKI, MARITZA
Address: 14319 SW 135 CT
City-St-Zip: MIAMI, FL 33186

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: LESLINE POWE-BARTON

PD

01/07/2014

Electronic Signature of Signing Officer or Director

Date