2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P00000017146

FILED Oct 13, 2009 Secretary of State

Entity Nan	ne: AMARILYS	S' BEAUTY SALON, INC.					
Current Principal Place of Business:			New Princ	New Principal Place of Business:			
4294 PALM HIALEAH, F							
Current Mailing Address:			New Maili	New Mailing Address:			
4294 PALM HIALEAH, F							
FEI Number:	65-0983576	FEI Number Applied For ()	FEI Number Not Appl	icable ()	Certificate of Status Desired (X)		
Name and	Address of C	ırrent Registered Agent:	Name and	Name and Address of New Registered Agent:			
ACOSTA, A 8521 N.W. MIAMI, FL The above in the State	163 TERR 33016 US named entity s	ubmits this statement for the po	urpose of changing i	ts registered off	ïce or registered agent, or bot	h,	
SIGNATUR	E: AMARILYS					_	
		c Signature of Registered Age			Date		
		(2)(b), F.S., the corporation did not Trust Fund Contribution().	receive the prior notic	e.			
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	PS () ACOSTA, AMAR 8521 NW 163 TE MIAMI, FL 3301	ERR	Title: Name: Address: City-St-Zip:	()	Change () Addition		
Title: Name: Address: City-St-Zip:	VP () VILA, MARILYN A 4294 PALM AVE HIALEAH, FL 33	NUE	Title: Name: Address: City-St-Zip:	VP (X) VILA, MARYLYN 4294 PALM AVE HIALEAH, FL 33			

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AMARILYS ACOSTA PS 10/13/2009