

# 2010 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P00000081910

**FILED**  
**Oct 02, 2010**  
**Secretary of State**

**Entity Name:** CREATIONS BEAUTY SALON, INC.

**Current Principal Place of Business:**

29615 SW 162 AVE  
LEISURE CITY, FL 33030

**New Principal Place of Business:**

**Current Mailing Address:**

29615 SW 162 AVE  
LEISURE CITY, FL 33030

**New Mailing Address:**

FEI Number: 65-1033324

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MENDEZ, MARIA L  
15499 HARDING LANE  
LEISURE CITY, FL 33033 US

**Name and Address of New Registered Agent:**

MENDEZ, MARIA L  
29615 SW 162 AVE.  
LEISURE CITY, FL 33033 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: MARIA L MENDEZ

10/02/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: MENDEZ, MARIA L  
Address: 29615 SW 162 AVE.  
City-St-Zip: LEISURE CITY, FL 33033

Title: S  
Name: MENDEZ, SERAFIN  
Address: 29615 SW 162 AVE.  
City-St-Zip: LEISURE CITY, FL 33033

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

SIGNATURE: MARIA L MENDEZ

PRES

10/02/2010

Electronic Signature of Signing Officer or Director

Date