

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P01000047682

Entity Name: MANE DESIGN HAIRCUTS, INC.

FILED  
Sep 11, 2006  
Secretary of State

**Current Principal Place of Business:**

3229 SW PORT ST LUCIE BLVD  
PT ST LUCIE, FL 34953

**New Principal Place of Business:**

**Current Mailing Address:**

3229 SW PORT ST LUCIE BLVD  
PT ST LUCIE, FL 34953

**New Mailing Address:**

FEI Number: 65-1115435

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BOLOGNA, SUSAN A  
3229 SW PORT ST LUCIE BLVD  
PT ST LUCIE, FL 34953 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: SUSAN A. BOLOGNA

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: BOLOGNA, SUSAN A  
Address: 1082 SE O'DONNELL LANE  
City-St-Zip: PORT ST LUCIE, FL 34983

Title: VP ( ) Delete  
Name: BOLOGNA, THOMAS STEVEN  
Address: 709 DUXBURY AVE.  
City-St-Zip: PORT SAINT LUCIE, FL 34983

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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 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: THOMAS BOLOGNA

P

09/11/2006

Electronic Signature of Signing Officer or Director

Date