


2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000036852		
1. Entity Name PAULA UNISEX BEAUTY SALON CORP.		

Principal Place of Business 35 SW 114 AVE MIAMI, FL 33174	Mailing Address 11281 SW 7TH TERRACE MIAMI, FL 33174
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address 35 SW 114 AVE Suite, Apt. #, etc. 102
City & State	City & State MIAMI FL
Zip Country	Zip Country 33174 US

6. Name and Address of Current Registered Agent ALVAREZ, REMBERTO 11281 SW 7 TERRACE MIAMI, FL 33174		7. Name and Address of New Registered Agent Name ZAMORA, PAULA Street Address (P.O. Box Number is Not Acceptable) 4061 SW 149 CT City MIAMI FL Zip Code 33185	
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Paula Zamora (NOTE: Registered Agent signature required when reinstating) DATE: 07-06-09

FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ALVAREZ, REMBERTO 11281 SW 7TH TERRACE MIAMI, FL 33174 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	4061 SW 149 CT MIAMI FL 33185 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PALACIOS, PAULA 11281 SW 7TH TERRACE MIAMI, FL 33174 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ZAMORA, PAULA 4061 SW 149 CT MIAMI FL 33185 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000158274 F30 07/08/09--01050--005 **300.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>07/15</u> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Paula Zamora (305) 221-5025
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
09 JUL -8 AM 9:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 07/08/09 REIN-PT A/C# 098 (1/07) 08-05
4. FEI Number 02-0579600 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required