

**2006 FOR PROFIT CORPORATION REINSTATEMENT**

**FILED  
Dec 14, 2006  
Secretary of State**

DOCUMENT# P02000060858

Entity Name: KUTZ-N-KURLS W/ NAILS BY JANJAN, INC.

**Current Principal Place of Business:**

903 10TH STREET EAST  
PALMETTO, FL 34221

**New Principal Place of Business:**

**Current Mailing Address:**

903 10TH STREET EAST  
PALMETTO, FL 34221

**New Mailing Address:**

FEI Number: 32-0022672      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

GRAHAM, TROY A  
903 10TH STREET EAST  
PALMETTO, FL 34221      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: TROY GRAHAM

\_\_\_\_\_  
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: GRAHAM, TROY  
Address: 704 29TH STREET EAST  
City-St-Zip: PALMETTO, FL 34221

Title: D            ( ) Delete  
Name: WRIGHT, JANICE  
Address: P.O. BOX 4  
City-St-Zip: PALMETTO, FL 34220

Title: D            (X) Delete  
Name: LILLY, MARY  
Address: 3019 9TH AVENUE EAST  
City-St-Zip: PALMETTO, FL 34221

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

Title: D            (X) Change ( ) Addition  
Name: GRAHAM, TROY OWNER  
Address: 704 29TH STREET EAST  
City-St-Zip: PALMETTO, FL 34221

Title: D            (X) Change ( ) Addition  
Name: LILLY, MARY OWNER  
Address: 3019 9TH AVENUE EAST  
City-St-Zip: PALMETTO, FL 34221

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: TROY GRAHAM

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

D

12/14/2006

\_\_\_\_\_  
Date