

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

11 APR 21 PM 3:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 21 2011

800201716198
04/13/11--01035--005 **750.00

CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida MAY 01-2003

5. FEI Number 54-2070240 Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

CORPORATION
~~REINSTATEMENT~~
Annual Report 2011



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000085020

1. Corporation Name
CDA BEAUTY, INC.

2. Principal Office Address - No P.O. Box #
7508 W. Sand Lake Rd.

Suite, Apt. #, etc.

City & State
ORLANDO, FLORIDA

Zip 32819 Country USA

3. Mailing Office Address
7508 W. Sand Lake Rd.

Suite, Apt. #, etc.

City & State
ORLANDO, FLORIDA

Zip 32819 Country

7. Name and Address of Current Registered Agent

Name
HANG CHAU

Street Address (P.O. Box Number is Not Acceptable)
7508 W. Sand Lake Rd.

Suite, Apt. #, Etc.

City ORLANDO State FL Zip Code 32819

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.
Signature of Registered Agent [Signature] Date APR 11, 2011
REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
<u>P</u>	<u>CHAU, HANG</u>	<u>7508 W. SAND LAKE RD</u>	<u>ORLANDO, FL 32819</u>

10. E-mail Address: mcproduct@yahoo.com
(To be used for future annual report notification)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.
SIGNATURE: [Signature] HANG CHAU Date APR 11, 2011
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #