

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000085290

1. Entity Name
PRESTIGE UNISEX SALON, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 NOV -7 AM 11:00

Principal Place of Business
1218 SOUTH DIXIE HWY
LAKE WORTH, FL 33460

Mailing Address
1218 SOUTH DIXIE HWY
LAKE WORTH, FL 33460

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

11042007

REIN-P

CR2E098 (1/07)

4. FEI Number
06-1645498

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

LOUIS-JEUNE, ROSEMELA
1218 SOUTH DIXIE HWY
LAKE WORTH, FL 33460

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After January 1, 2008, Fee will be \$300.00

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

10. OFFICERS AND DIRECTORS

TITLE PD
NAME LOUIS-JEUNE, ROSEMELA MANAGER ☐ Delete
STREET ADDRESS 1218 SOUTH DIXIE HWY
CITY-ST-ZIP LAKE WORTH, FL 33460

TITLE DA
NAME LOUIS, JEUNE S ☐ Delete
STREET ADDRESS 1218 SOUTH DIXIE HWY
CITY-ST-ZIP LAKE WORTH, FL 33460

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP
000112084770
11/07/07--01049--014 **150.00

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

REINSTATEMENT 07

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 fee empowered.

SIGNATURE: Rosemela Louisjeune
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

103007 5615828529
Date Daytime Phone #