## 2007 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P02000100030

Entity Name: CONALEX HAIR SALON INC.

FILED Oct 12, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

3940 METRO PKWY SUITE 101 FT MYERS, FL 33916

Current Mailing Address: New Mailing Address:

3940 METRO PKWY SUITE 101 FT MYERS, FL 33916

FEI Number: 55-0797004 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

ALCARRAZ, SIXTO A 3940 METRO PKWY SUITE 101 FT MYERS, FL 33916 US ALCARRAZ, SIXTO A 10399 CAROLINA WILLOW DR FT MYERS, FL 33913 US

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: SIXTO ALCARRAZ 10/12/2007

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:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 D
 ( ) Delete

 Name:
 ALCARRAZ, CONSUELO

 Address:
 4233 BELLASOL CIR APT 1814

 City-St-Zip:
 FORT MYERS, FL 33916

 Title:
 D
 ( ) Delete

 Name:
 ALCARRAZ, SIXTO A

 Address:
 4233 BELLASOL CIR APT 1814

 City-St-Zip:
 FORT MYERS, FL 33916

Title: D (X) Change ( ) Addition
Name: ALCARRAZ, CONSUELO
Address: 10399 CAROLINA WILLOW DR
City-St-Zip: FORT MYERS, FL 33913

Title: D (X) Change ( ) Addition

Name: ALCARRAZ, SIXTO A
Address: 10399 CAROLINA WILLOW DR
City-St-Zip: FORT MYERS, FL 33913

I hereby certify that the information supplied with this filing does not qualify 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: SIXTO ALCARRAZ P 10/12/2007