

2004 FOR PROFIT CORPORATION REINSTATEMENT

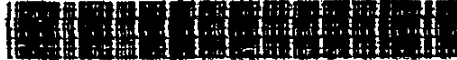
DOCUMENT # P03000018924

1. Entity Name
SALON 209, INC.



FILED
05 FEB 21 PM 3:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10072004 REIN-F CF2E038 (8/04)

Principal Place of Business
100 NORTH MAGNOLIA AVENUE
SUITE 102
OCALA, FL 34475

Mailing Address
100 NORTH MAGNOLIA AVENUE
SUITE 102
OCALA, FL 34475

2. Principal Place of Business

3. Mailing Address

Subs. Apt. #, etc.

Subs. Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

55-0820119

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CAMPBELL, LISA K
810 SE 17TH STREET
OCALA, FL 34471

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 NUMBER FEE \$8.75

After January 1, 2005, Fee will be \$300.00

In accordance with s. 607.193(7)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE P
NAME MANNING, JAMES E
STREET ADDRESS 205 SE SANCHEZ AVENUE
CITY-ST-ZIP Ocala, FL 34471

TITLE VP
NAME BLACK, ROBERT D
STREET ADDRESS 205 SE SANCHEZ AVENUE
CITY-ST-ZIP Ocala, FL 34471

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

10/24/04 352
3/5/2010

2/21/05