## 2007 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P03000038367

Entity Name: ETHEL MAY SALON, INC.

FILED May 15, 2007 Secretary of State

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

4678 NORTH UNIVERSITY DRIVE 1941 OAKMONT TERR

LAUDERHILL, FL 333514516 CORAL SPRINGS, FL 33071 BR

Current Mailing Address: New Mailing Address:

4678 NORTH UNIVERSITY DRIVE 1941 OAKMONT TERR

LAUDERHILL, FL 333514516 CORAL SPRINGS, FL 33071 BR

FEI Number: 83-0352851 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:

WOLF, MICHAEL H ESQ.
3832 NORTH UNIVERSITY DRIVE
SUNRISE, FL 33351 US
WOLF, MICHAEL H ESQ.
1411 S UNIVERSITY DRIVE
PLANTATION, FL 33324 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: MICHAEL H WOLF 05/15/2007

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: PD () Delete Title: () Change () Addition

 Name:
 SCHNEIDER, ETHEL M PD
 Name:

 Address:
 1941 OAKMONT TERR.
 Address:

 City-St-Zip:
 CORAL SPRINGS, FL 33071 US
 City-St-Zip:

Title: VP ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 SCHNEIDER, DAVID VP
 Name:

 Address:
 1941 OAKMONT TERR.
 Address:

 City-St-Zip:
 CORAL SPRINGS, FL 33071 US
 City-St-Zip:

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: ETHEL M SCHNEIDER PD 05/15/2007