

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000092593

FILED
Oct 20, 2009
Secretary of State

Entity Name: PROFESSIONAL PIERCING SUPPLY INC

Current Principal Place of Business:

321 NORTHLAKE BLVD
SUITE 203
NORTH PALM BEACH, FL 33408

Current Mailing Address:

321 NORTHLAKE BLVD
SUITE 203
NORTH PALM BEACH, FL 33408

New Principal Place of Business:

321 NORTHLAKE BLVD
SUITE 212
NORTH PALM BEACH, FL 33408

New Mailing Address:

321 NORTHLAKE BLVD
SUITE 212
NORTH PALM BEACH, FL 33408

FEI Number: 27-0079858

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PROFESSIONAL PIERCIG SUPPLY
321 NORTHLAKE BLVD
SUITE 203
NORTH PALM BEACH, FL 33408 US

Name and Address of New Registered Agent:

PROFESSIONAL PIERCIG SUPPLY
321 NORTHLAKE BLVD
SUITE 212
NORTH PALM BEACH, FL 33408 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: PAUL COWAN

10/20/2009

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:

Title: MR () Delete
Name: COWAN, PAUL G
Address: 952 39TH COURT
City-St-Zip: WEST PALM BEACH, FL 33407

Title: MRS (X) Delete
Name: HUERGO, XIMENA
Address: 952 39TH COURT
City-St-Zip: NORTH PALM BEACH, FL 33407

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: PAUL COWAN

CEO

10/20/2009

Electronic Signature of Signing Officer or Director

Date