

# 2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED

09 JAN 29 AM 10: 58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**DOCUMENT # P03000094569**

1. Entity Name  
**BELLA U SALON & CO. INC.**

|   |   |
|---|---|
| Principal Place of Business<br><b>5443 AIRPORT PULLING RD NO<br/>NAPLES, FL 34109</b> | Mailing Address<br><b>5443 AIRPORT PULLING RD NO<br/>NAPLES, FL 34109</b> |
|---|---|



|   |   |
|---|---|
| 2. Principal Place of Business - No P.O. Box #<br><br>Suite, Apt. #, etc. | 3. Mailing Address<br><br>Suite, Apt. #, etc. |
|---|---|

01282009 REIN-P CR2E098 (1/07)

|              |              |
|--------------|--------------|
| City & State | City & State |
| Zip Country  | Zip Country  |

|  |                               |
|--|-------------------------------|
| 4. FEI Number<br><b>86-1079892</b>   | Applied For<br>Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required |                               |

**6. Name and Address of Current Registered Agent**

**NAIR, KIMBERLY  
2430 VANDERBILT BEACH RD  
SUITE 108-272  
NAPLES, FL 34109**

**7. Name and Address of New Registered Agent**

Name **Nancy Glorioso**

Street Address (P.O. Box Number is Not Acceptable)  
**16258 RAUINAWAY**

City **NAPLES** FL Zip Code **34110**

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 *Nancy Glorioso* **NANCY GLORIOSO** DATE **1/28/09**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>GLORIOSO, NANCY A<br>1083 PORT ORANGE WAY<br>NAPLES, FL 34120 <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | PD<br>KENNETH MORROW<br>16258 RAUINAWAY<br>NAPLES FL 34110 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | VM<br>NANCY GLORIOSO<br>16258 RAUINAWAY<br>NAPLES FL 34110 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | 700142418827<br>01/29/09--01046--018 **308.75 <input type="checkbox"/> Change <input type="checkbox"/> Addition                         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |

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 like empowered.

SIGNATURE *Kenneth Morrow* **KENNETH MORROW** DATE **1/28/09** DAYTIME PHONE # **239-594-9588**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR