

# **2010 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P03000097357

**FILED**  
**Nov 10, 2010**  
**Secretary of State**

**Entity Name:** PARAMOUNT INSTITUTE OF HAIR, SKIN & NAILS, INC.

**Current Principal Place of Business:**

4943 U.S. HWY 98 N.  
LAKELAND, FL 33809

**New Principal Place of Business:**

**Current Mailing Address:**

4943 U.S. HWY 98 N.  
LAKELAND, FL 33809

**New Mailing Address:**

**FEI Number:** 86-1080100

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

DE TOTH, PETER P  
4943 U.S. HWY. 98 N.  
LAKELAND, FL 33809 US

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

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: PETER P. DE TOTH

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: DE TOTH, PETER P PRES  
Address: 4943 U.S. HWY 98 N.  
City-St-Zip: LAKELAND, FL 33809

Title: V.P.  
Name: SANTOS-DE TOTH, LOURDES V.P.  
Address: 4943 U.S. HWY 98 N.  
City-St-Zip: LAKELAND, FL 33809

Title: SEC.  
Name: SANTOS-DE TOTH, LOURDES SEC  
Address: 4943 U.S. HWY 98 N.  
City-St-Zip: LAKELAND, FL 33809

Title: TRES  
Name: DE TOTH, PETER P TRES  
Address: 4943 U.S. HWY 98 N.  
City-St-Zip: LAKELAND, FL 33809

I hereby 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 all other like empowered.

SIGNATURE: PETER P. DE TOTH

PRES

11/10/2010

Electronic Signature of Signing Officer or Director

Date