

# **2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P03000102646

**FILED**  
**Apr 06, 2011**  
**Secretary of State**

**Entity Name:** A & A WIG & HAIRPIECE SUPPLIES, CORP.

**Current Principal Place of Business:**

3167 ST JOHN'S BLUFF RD SOUTH  
JACKSONVILLE, FL 32246 US

**New Principal Place of Business:**

3167 ST JOHN'S BLUFF RD SOUTH  
RM 102  
JACKSONVILLE, FL 32246 US

**Current Mailing Address:**

3167 ST JOHN'S BLUFF RD SOUTH  
JACKSONVILLE, FL 32246 US

**New Mailing Address:**

3167 ST JOHN'S BLUFF RD SOUTH  
RM 102  
JACKSONVILLE, FL 32246 US

**FEI Number:** 11-3186922

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PRICE, ARLENE  
3167 ST JOHN'S BLUFF RD SOUTH  
JACKSONVILLE, FL 32246 US

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

PRICE, ARLENE  
3167 ST JOHN'S BLUFF RD SOUTH  
RM 102  
JACKSONVILLE, FL 32246 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: ARLENE PRICE

04/06/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: PRICE, ARLENE  
Address: 3167 ST JOHN'S BLUFF RD SOUTH RM 102  
City-St-Zip: JACKSONVILLE, FL 32246

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: ARLENE PRICE

P

04/06/2011

Electronic Signature of Signing Officer or Director

Date