

# **2010 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P04000029464

**FILED**  
**Dec 17, 2010**  
**Secretary of State**

**Entity Name:** KATHRYNS NAIL & SKIN SALON, INC.

**Current Principal Place of Business:**

900 SW PINE ISLAND RD  
UNIT 119  
CAPE CORAL, FL 33991

**New Principal Place of Business:**

**Current Mailing Address:**

4029 COUNTRY CLUB BLVD  
CAPE CORAL, FL 33904

**New Mailing Address:**

900 SW PINE ISLAND RD  
UNIT 119  
CAPE CORAL, FL 33991

**FEI Number:** 36-0444015

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MINER, KATHRYN  
4029 COUNTRY CLUB BLVD  
CAPE CORAL, FL 33904 US

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

MINER, KATHRYN  
1728 BIKINI COURT  
CAPE CORAL, FL 33904 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: KATHRYN MINER

12/17/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: MINER, PAUL  
Address: 1728 BIKINI COURT  
City-St-Zip: CAPE CORAL, FL 33904

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: PAUL MINER

PRES

12/17/2010

Electronic Signature of Signing Officer or Director

Date