

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000079638

FILED  
Aug 03, 2006  
Secretary of State

Entity Name: DORAL COSMETOLOGY INSTITUTE INC.

## Current Principal Place of Business:

6555 NW 36 STREET SUITE 322  
VIRGINIA GARDENS, FL 33166

## New Principal Place of Business:

6501 NW 36 STREET  
SUITE 100  
VIRGINIA GARDENS, FL 33166

## Current Mailing Address:

6555 NW 36 STREET SUITE 322  
VIRGINIA GARDENS, FL 33166

## New Mailing Address:

6501 NW 36 STREET  
SUITE 100  
VIRGINIA GARDENS, FL 33166

FEI Number: 13-4282158

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DIAZ, ALBERTO L  
8760 SW 133 AVE #416  
MIAMI, FL 33183 US

## Name and Address of New Registered Agent:

DIAZ, ALBERTO L  
8201 SW 165 CT.  
MIAMI, FL 33193 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: ALBERT L. DIAZ

08/03/2006

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: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD ( ) Change (X) Addition  
Name: DIAZ, ALBERT L PD  
Address: 8201 SW 165 CT.  
City-St-Zip: MIAMI, FL 33193

I hereby certify that the information supplied with this filing does not qualify for the 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: ALBERT DIAZ

PD

08/03/2006

Electronic Signature of Signing Officer or Director

Date