

2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED

09 MAR 18 AM 7:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000086821

1. Entity Name
SALON 122, INC.



Principal Place of Business
122 S MAGNOLIA AVENUE
OCALA, FL 34474

Mailing Address
122 S MAGNOLIA AVENUE
OCALA, FL 34474

2. Principal Place of Business - No P.O. Box #

342 N. Magnolia Ave

3. Mailing Address

342 N. Magnolia Ave.



02182009 REIN-P CR2E098 (1/07)

City & State

Ocala FL

City & State

Ocala FL

4. FEI Number

20-1202327

Applied For

Not Applicable

Zip Country
34475 US

Zip Country
34475 US

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SNEED, GWEN M
122 S MAGNOLIA AVENUE
OCALA, FL 34474

7. Name and Address of New Registered Agent

Name Gwen M. Sneed

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

342 N. Magnolia Ave.

City Ocala

FL

Zip Code

34475

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: Gwen M Sneed President

(NOTE: Registered Agent signature required when reinstating)

DATE

3/13/09

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 P ☐ Delete
NAME SNEED, GWEN M
STREET ADDRESS 122 S MAGNOLIA AVE
CITY-ST-ZIP Ocala, FL 34474

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 342 N. Magnolia Ave.
CITY-ST-ZIP Ocala FL 34475

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: Gwen M Sneed President

Date

Daytime Phone #

3/13/09