

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000087628

Entity Name: MARY'S SALON AND SPA, INC.

FILED
Jan 07, 2009
Secretary of State

Current Principal Place of Business:

4210 SOUTH UNIVERSITY DR.
DAVIE, FL 33328

New Principal Place of Business:

Current Mailing Address:

4900 S.W. 94TH AVE
COOPER CITY, FL 33328

New Mailing Address:

FEI Number: 04-3793274

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VALDES, ALDO M
4900 S.W. 94TH AVE
COOPER CITY, FL 33328 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: ALDO M. VALDES

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: D () Delete
Name: VALDES, ALDO M
Address: 4900 S.W. 94TH AVE
City-St-Zip: COOPER CITY, FL 33328

Title: D () Delete
Name: REINOSO, MARIA E
Address: 4900 S.W. 94TH AVE
City-St-Zip: COOPER CITY, FL 33328

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: ALDO M. VALDES

D

01/07/2009

Electronic Signature of Signing Officer or Director

Date