



# 2006 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P04000097727</b> 1. Entity Name <b>MINNIE'S SALON, INC</b>						<b>FILED</b> <b>06 NOV 30 PM 12: 55</b> DEPARTMENT OF STATE TALLAHASSEE, FLORIDA 					
Principal Place of Business <b>602 NW 75 ST STE A GAINESVILLE, FL 32607</b>			Mailing Address <b>602 NW 75 ST STE A GAINESVILLE, FL 32607</b>			10252006 REIN-P CR2E098 (11/05) <i>pb</i>		4. FEI Number <b>59-3638399</b>		Applied For <input type="checkbox"/> Not Applicable	
2. Principal Place of Business Suite, Apt. #, etc. <b>Suite B</b>		3. Mailing Address <b>602 NW 75th ST.</b> Suite, Apt. #, etc.									
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		6. Name and Address of Current Registered Agent <b>WEBSTER, MINNIE L</b> <b>7733 SW 55 PL</b> <b>GAINESVILLE, FL 32608</b>		7. Name and Address of New Registered Agent Name <b>MINNIE L. BLACK</b> Street Address (P.O. Box Number is Not Acceptable) <b>3130 NW 9th PLACE</b> City <b>Gainesville</b> <b>FL</b> Zip Code <b>32605</b>			
Zip	Country	Zip	Country								
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 <i>x Minnie L. Black</i> <b>MINNIE L. BLACK</b> <b>352-331-8030</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>											
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After January 1, 2007, Fee will be \$300.00</b>				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.							
<b>10. OFFICERS AND DIRECTORS</b>					<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>						
TITLE <b>CEOP</b> <input checked="" type="checkbox"/> Delete		NAME <b>WEBSTER, MINNIE L</b>			TITLE <b>ST</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		NAME <b>Mcconnell Shirley D</b>				
STREET ADDRESS <b>7733 SW 55 PL</b>		CITY-ST-ZIP <b>GAINESVILLE, FL 32608</b>			STREET ADDRESS <b>4251 NW 120 ST</b>		CITY-ST-ZIP <b>Chiefland, FL 32626</b>				
TITLE <b>V</b> <input type="checkbox"/> Delete		NAME <b>MCCONNELL, SHIRLEY D</b>			TITLE <b>CEOP-MINNIE Louise Black</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		STREET ADDRESS <b>3130 NW 9th Place</b>				
STREET ADDRESS <b>4251 NW 120 ST</b>		CITY-ST-ZIP <b>CHIEFLAND, FL 32626</b>			CITY-ST-ZIP <b>GAINESVILLE, FL 32605</b>						
TITLE <b>ST</b> <input checked="" type="checkbox"/> Delete		NAME <b>DICKS, DONNA W</b>			TITLE <b>600082170306</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition		STREET ADDRESS <b>11/30/06--01032--003 **150.00</b>				
STREET ADDRESS <b>1418 SE CR252</b>		CITY-ST-ZIP <b>LAKE CITY, FL 32025</b>			CITY-ST-ZIP						
TITLE <b>ST</b> <input type="checkbox"/> Delete		NAME <b>DICKS, DONNA W</b>			CITY-ST-ZIP						
STREET ADDRESS <b>1418 SE CR252</b>		CITY-ST-ZIP <b>LAKE CITY, FL 32025</b>			CITY-ST-ZIP						
TITLE <b>ST</b> <input type="checkbox"/> Delete		NAME <b>DICKS, DONNA W</b>			CITY-ST-ZIP						
STREET ADDRESS <b>1418 SE CR252</b>		CITY-ST-ZIP <b>LAKE CITY, FL 32025</b>			CITY-ST-ZIP						
<b>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.</b>											
SIGNATURE: <i>x Minnie L. Black</i> <b>MINNIE L BLACK</b> <b>352-331-8030</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>											