


# 2006 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P04000097727</b> 1. Entity Name <b>MINNIE'S SALON, INC</b>					
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>		
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		4. FEI Number <b>59-3638399</b>	
Zip		Country		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>	
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>					
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	Delete <input checked="" type="checkbox"/>	
	CEOP	WEBSTER, MINNIE L	7733 SW 55 PL GAINESVILLE, FL 32608		
	V	MCCONNELL, SHIRLEY D	4251 NW 120 ST CHIEFLAND, FL 32626	Delete <input type="checkbox"/>	
	ST	DICKS, DONNA W	1418 SE CR252 LAKE CITY, FL 32025	Delete <input checked="" type="checkbox"/>	
				Delete <input type="checkbox"/>	
				Delete <input type="checkbox"/>	
				Delete <input type="checkbox"/>	
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>					
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>	
	ST	Meeconnell, Shirley D	4251 NW 120th STREET Chiefland, FL 32626		
	CEOP	MINNIE Louise Black	3130 NW 9th Place Gainesville, FL 32605	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>	
				Change <input type="checkbox"/> Addition <input type="checkbox"/>	
				Change <input type="checkbox"/> Addition <input type="checkbox"/>	
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: <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>					

FILED

06 NOV 30 PM 12:55

STATE  
TALLAHASSEE, FLORIDA



10252006

REIN-P

CR2E098 (11/05) *pb*

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

**FILE NOW!!! FEE IS \$150.00**

**After January 1, 2007, Fee will be \$300.00**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## 10. OFFICERS AND DIRECTORS

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CEOP	NAME	WEBSTER, MINNIE L	STREET ADDRESS	7733 SW 55 PL	CITY - ST - ZIP	GAINESVILLE, FL 32608	Delete	<input checked="" type="checkbox"/>
TITLE	V	NAME	MCCONNELL, SHIRLEY D	STREET ADDRESS	4251 NW 120 ST	CITY - ST - ZIP	CHIEFLAND, FL 32626	Delete	<input type="checkbox"/>
TITLE	ST	NAME	DICKS, DONNA W	STREET ADDRESS	1418 SE CR252	CITY - ST - ZIP	LAKE CITY, FL 32025	Delete	<input checked="" type="checkbox"/>
TITLE		NAME		STREET ADDRESS		CITY - ST - ZIP		Delete	<input type="checkbox"/>
TITLE		NAME		STREET ADDRESS		CITY - ST - ZIP		Delete	<input type="checkbox"/>
TITLE		NAME		STREET ADDRESS		CITY - ST - ZIP		Delete	<input type="checkbox"/>

TITLE	ST	NAME	Meeconnell, Shirley D	STREET ADDRESS	4251 NW 120th STREET	CITY - ST - ZIP	Chiefland, FL 32626	Change	<input type="checkbox"/>	Addition	<input checked="" type="checkbox"/>
TITLE	CEOP	NAME	MINNIE Louise Black	STREET ADDRESS	3130 NW 9th Place	CITY - ST - ZIP	Gainesville, FL 32605	Change	<input checked="" type="checkbox"/>	Addition	<input type="checkbox"/>
TITLE		NAME		STREET ADDRESS		CITY - ST - ZIP		Change	<input type="checkbox"/>	Addition	<input type="checkbox"/>
TITLE		NAME		STREET ADDRESS		CITY - ST - ZIP		Change	<input type="checkbox"/>	Addition	<input type="checkbox"/>
TITLE		NAME		STREET ADDRESS		CITY - ST - ZIP		Change	<input type="checkbox"/>	Addition	<input type="checkbox"/>
TITLE		NAME		STREET ADDRESS		CITY - ST - ZIP		Change	<input type="checkbox"/>	Addition	<input type="checkbox"/>

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: *x Minnie L. Black* **MINNIE L BLACK** **352-331-8030**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #