

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000130644

1. Entity Name
MILEDY;S HAIR Y SKIN, CORP.



FILED

06 AUG 28 AM 11:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

15-06

Principal Place of Business
4202 WEST WATERS AVE
TAMPA, FL 33614

Mailing Address
4202 WEST WATERS AVE
TAMPA, FL 33614

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

Applied For
☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PAYANO, MILVIO
4202 WEST WATERS AVE
TAMPA, FL 33614

7. Name and Address of New Registered Agent

Name Whitney Abreu
Street Address (P.O. Box Number is Not Acceptable)
6606 Blossom Ave.
City Tampa FL Zip Code 33614

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 [Signature]
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

8-17-06

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 PT ☐ Delete
NAME PAYANO, MILEDY
STREET ADDRESS 4202 WEST WATERS AVE
CITY-ST-ZIP TAMPA, FL 33614

TITLE V ☐ Delete
NAME VALERIO, MILVIO A
STREET ADDRESS 4202 WEST WATERS AVE
CITY-ST-ZIP TAMPA, FL 33614

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 800079517518
CITY-ST-ZIP 09/06/06--01024--005 **300.00

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

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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: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8-21-06