2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000154654 1. Entity Name ADAM & EVE UNISEX SALON, INC.				09	09 MAY -8 PM 4: 58		
Principal Place of Business 3810 S. STATE RD. 7, SUITE A		Mailing Address 3810 S. STATE RD. 7, SUITE A		7.1	FALLAHASSEE. FLORIDA		
MIRAMAR, FL 33023 MIRAMAR, FL 33023			UIL A				
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04292009	REIN-P	CR2E098 (1/07)	
City & State		City & State		4. FEI Numbe 37-147			plied Fo
Zip	Country	Zip	Country	5. Certificate	of Status Desired	\$8.75 Add Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
			Name				
WAGNAC, SHERLEY A 3810 S. STATE RD. 7, SUITE A MIRAMAR, FL 33023		Street Address		ess (P.O. Box Numbe	(P.O. Box Number is Not Acceptable)		
	,1 E 33023			•			
			City			FL Zip Code	e
8. The above	named entity submits this statement fo	r the purpose of changing its r	egistered office or red	istered agent, or bo	th in the State of Flor		and acr
	ions of registered agent.	.1	ogisto de omico or rog	ioloida agoin, di bo		da 1	and do
SIGNATURE_	Sheerly	Daniec			\mathcal{L}	129/08	
	Signature, typed or printed name of registered agent	and title if applicable (NOTE:	Registered Agent signature	required when reinstating)		DATÉ '	
FII	Signature, typed or printed name of registered agents LE NOWILL FEE IS \$300.00	and title if applicable (NOTE:	Registered Agent signature	required when reinstating)	In accordance w	ith s. 607.193(2)(b), not receive the prior r	F.S., th
	LE NOW!!! FEE IS \$300.00	V			corporation did n	ot receive the prior r	notice.
10.		V	Registered Agent signature 11. TITLE		corporation did n	ith s. 607.193(2)(b), not receive the prior r CERS AND DIRECTOR:	notice.
10. TITLE NAME	OFFICERS AND PSTD WAGNAC, SHERLEY A	DIRECTORS	11. TITLE NAME		corporation did n	ot receive the prior r	S IN 11
10. TITLE NAME STREET ADDRESS	OFFICERS AND PSTD WAGNAC, SHERLEY A 3810 S. STATE RD. 7, SUITE A	DIRECTORS	11. TITLE NAME SIREET ADDRESS		corporation did n	ot receive the prior r	S IN 11
10. TITLE NAME STREET ADDRESS CITY-S1-ZIP	OFFICERS AND PSTD WAGNAC, SHERLEY A 3810 S. STATE RD. 7, SUITE A MIRAMAR, FL 33023	DIRECTORS Delete	11. TITLE NAME SIREEI ADDRESS CITY-ST-ZIP		corporation did n	not receive the prior r	S IN 11
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10. THE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND PSTD WAGNAC, SHERLEY A 3810 S. STATE RD. 7, SUITE A MIRAMAR, FL 33023	DIRECTORS Delete	11. TITLE NAME SIREEI ADDRESS CITY-ST-ZIP	ADDITIONS/	CHANGES TO OFFICE	not receive the prior r CERS AND DIRECTORS Change Change	S IN 11
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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 informatic 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 direct 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 changed, or on an attachment with an address, with all other like empowered

SIGNATURE: Muly // LOONOC

4/29/08