## 2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000007352

**OFFICERS AND DIRECTORS:** 

Entity Name: SCENTS BY AMANDA, INC.

FILED Oct 16, 2009 Secretary of State

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Current Principal Place of Business: New Principal Place of Business:

12304 SW 129 COURT 14262 SW140 ST MIAMI, FL 33186 113

MIAMI, FL 33186

Current Mailing Address: New Mailing Address:

12304 SW 129 COURT 14262 SW 140 ST MIAMI, FL 33186 113

MIAMI, FL 33186

FEI Number: 20-2199309 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

RIVAS, AMANDA
12304 SW 129 COURT
MIAMI, FL 33186 US

RIVAS, AMANDA
14262 SW 140 ST
113

MIAMI, FL 33186 US

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: AMANDA RIVAS 10/16/2009

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 ( ).

Title: PD ( ) Delete Title: PD (X) Change ( ) Addition

Name: RIVAS, AMANDA Name: RIVAS, AMANDA

Address: 12304 SW 129 COURT Address: 14262 SW 140 ST SUITE 113

City-St-Zip: MIAMI, FL 33186 City-St-Zip: MIAMI, FL 33186

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: AMANDA RIVAS OWNE 10/16/2009

Electronic Signature of Signing Officer or Director

Date