

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED

06 DEC 21 AM 11:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT 06  
12132006 REIN-P CR2E098 (11/06)

DOCUMENT # P05000075322					
1. Entity Name SOBE HAIR EXTENSION DE PARIS, INC.					
Principal Place of Business 930 NE 72 TER MIAMI, FL 33138			Mailing Address 930 NE 72 TER MIAMI, FL 33138		
2. Principal Place of Business 2108 N.W. 99 AVENUE Suite, Apt. #, etc.			3. Mailing Address 2108 N.W. 99 AVENUE Suite, Apt. #, etc.		
City & State DORAL, FL		City & State DORAL, FL		4. FEI Number 01-0838450	
Zip 33172	Country USA	Zip 33172	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent REJEAN LAPIERRE, INC. 7800 W OAKLAND PARK BLVD BLDG G SUNRISE, FL 33351				7. Name and Address of New Registered Agent Name: HAYDEE CEBALLOS Street Address (P.O. Box Number is Not Acceptable): 354 SEVILLA AVENUE City: CORAL GABLES FL Zip Code: 33134	
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:  DATE: 12-14-06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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 NAME STREET ADDRESS CITY-ST-ZIP	P.D. VEISSIER, MONIQUE 930 NE 72 TER MIAMI, FL 33138 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300082708343 12/21/06--01029--014 **158.75 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SCEMAMA, M. PATRICE 930 NE 72 TER MIAMI, FL 33138 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP VEISSIER, PHILIPPE 715 N.E. 22 STREET #PH-2D MIAMI, FL 33137 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR/D. SCHMITT, RAYMOND 2108 N.W. 99 AVENUE MIAMI, FL 33172 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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:  RAYMOND SCHMITT 12-14-06 786-253-5933 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					