

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000079678

FILED
Sep 26, 2006
Secretary of State

Entity Name: BELLA DAY SPA AND HAIR STUDIO, INC.

Current Principal Place of Business:

1949 CANDLEWOOD DR
NAVARRE, FL 32566 US

New Principal Place of Business:

348 MIRACLE STRIP PKWY
BLDG G SUITE 33
FORT WALTON BEACH, FL 32548 US

Current Mailing Address:

1949 CANDLEWOOD DR
NAVARRE, FL 32566 US

New Mailing Address:

348 MIRACLE STRIP PKWY
BLDG G SUITE 33
FORT WALTON BEACH, FL 32548 US

FEI Number: 20-2939273

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

STURT, LISA
1949 CANDLEWOOD DR
NAVARRE, FL 32566 US

Name and Address of New Registered Agent:

COULBOURN, MARTY
218 G MIRACLE STRIP PKWY
FORT WALTON BEACH, FL 32548 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: MARTY COULBOURN

09/26/2006

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 ().

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: STURT, LISA
Address: 1949 CANDLEWOOD DR
City-St-Zip: NAVARRE, FL 32566 US

Title: VTD () Delete
Name: COULBOURN, MARTY
Address: 3B FLAMENCO ST
City-St-Zip: MARY ESTHER, FL 32569 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change () Addition
Name: COULBOURN, MARTY
Address: 218 G MIRACLE STRIP PKWY
City-St-Zip: FORT WATON BEACH, FL 32548 US

Title: VTD (X) Change () Addition
Name: SNODGRASS, MICHAEL
Address: 406 COLD SPRING PLACE
City-St-Zip: DOVER, DE 19904 US

I hereby certify that the information supplied with this filing does not qualify for the 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: MARTY COULBOURN

PSD

09/26/2006

Electronic Signature of Signing Officer or Director

Date