

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000097610						FILED 08 NOV -6 PM 4:16 SECRETARY OF STATE TALLAHASSEE, FLORIDA																											
1. Entity Name ADA'S SALON, INC.				Principal Place of Business 2160 NW 33RD TERRACE COCONUT CREEK, FL 33086				Mailing Address 2160 NW 33RD TERRACE COCONUT CREEK, FL 33086																									
2. Principal Place of Business - No P.O. Box # 5160 Coconut Creek Pkwy		3. Mailing Address 5160 Coconut Creek Pkwy		Suite, Apt. #, etc.		Suite, Apt. #, etc.																											
City & State Margate FL		City & State Margate FL		4. FEI Number 51-0054983		<input checked="" type="checkbox"/> Not Applicable		REINSTATEMENT 2008																									
Zip USA		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Name and Address of Current Registered Agent PEREZ, ADA 2160 NW 33RD TERRACE COCONUT CREEK, FL 33086		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 5160 Coconut Creek Pkwy City Margate FL Zip Code 33063																									
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				(NOTE: Registered Agent signature required when reinstating)				DATE 11/4/08																									
FILE NOW!!! FEE IS \$150.00 After January 1, 2009, 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																												
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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 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																																	
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																																	