

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2007 OCT 26 AM 9:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



10122007 REIN-P CR2E098 (1/07)

<b>DOCUMENT # P05000101262</b> 1. Entity Name <b>BLOSSOM BEAUTY, INC.</b>																										
Principal Place of Business <b>6135 SW 35 ST MIRAMAR, FL 33023</b>			Mailing Address <b>6135 SW 35 ST MIRAMAR, FL 33023</b>																							
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																							
City & State			City & State																							
Zip		Country		4. FEI Number <b>20-3178461</b>																						
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable																						
<b>\$8.75 Additional Fee Required</b>																										
6. Name and Address of Current Registered Agent  <b>HINDS, CARLYLE 6135 SW 35 STREET MIRAMAR, FL 33023</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City																						
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.				FL Zip Code																						
SIGNATURE <u><i>Carlyle Hinds</i></u> <small>Signature type or typed name of registered agent and fee if applicable</small>				<u>10/23/07</u> <small>DATE</small>																						
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After January 1, 2008, Fee will be \$300.00</b>				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.																										
SIGNATURE: <u><i>Carlyle Hinds</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<u>10/23/07</u> <small>Date</small>																						

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