

# **2012 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P05000108790

Entity Name: LEYENDA HAIR STYLE, INC.

**FILED**  
**Mar 02, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

514 SOUTH DIXIE HIGHWAY  
HALLANDALE, FL 33009

**New Principal Place of Business:**

307 EAST HALLANDALE BEACH BLVD  
HALLANDALE, FL 33009

**Current Mailing Address:**

514 SOUTH DIXIE HIGHWAY  
HALLANDALE, FL 33009

**New Mailing Address:**

307 EAST HALLANDALE BEACH BLVD  
HALLANDALE, FL 33009

FEI Number: 20-3269844

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SERFATY, CHARLES S  
4340 SHERIDAN STREET  
SECOND FLOOR  
HOLLYWOOD, FL 33021 US

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

MEJIA, EDWARD  
423 W HALLANDALE BEACH BLVD  
HALLANDALE, FL 33009 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: EDWARD MEJIA

03/02/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: ALMANZAR, JOSUE M  
Address: 2500 PARKVIEW DRIVE APT 1119  
City-St-Zip: HALLANDALE, FL 33009

Title: VP  
Name: ALMANZAR, MIGUEL  
Address: 200 LESLIE DRIVE APT 606  
City-St-Zip: HALLANDALE, FL 33009

I hereby 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 all other like empowered.

SIGNATURE: JOSUE ALMANZAR

P

03/02/2012

Electronic Signature of Signing Officer or Director

Date