

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000115340

FILED
Nov 09, 2006
Secretary of State

Entity Name: TOQUE D'CLASS BEAUTY SALON INC.

Current Principal Place of Business:

14904 WHITE MAGNOLIA CT.
ORLANDO, FL 32824

New Principal Place of Business:

2001 WEST VINE ST
KISSIMMEE, FL 34741

Current Mailing Address:

14904 WHITE MAGNOLIA CT.
ORLANDO, FL 32824

New Mailing Address:

FEI Number: 03-0570145

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CLASS, CARLOS
14904 WHITE MAGNOLIA CT.
ORLANDO, FL 32824 US

Name and Address of New Registered Agent:

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: CARLOS CLASS

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: PD () Delete
Name: CLASS, MAGALY
Address: 14904 WHITE MAGNOLIA CT.
City-St-Zip: ORLANDO, FL 32824

Title: VD () Delete
Name: DIAZ, SARAI
Address: 14904 WHITE MAGNOLIA CT.
City-St-Zip: ORLANDO, FL 32824

Title: SD (X) Delete
Name: DIAZ, CARLOS
Address: 14904 WHITE MAGNOLIA CT.
City-St-Zip: ORLANDO, FL 32824

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: CLASS, CARLOS
Address: 14904 WHITE MAGNOLIA CT.
City-St-Zip: ORLANDO, FL 32824

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MAGALY CLASS

PD

11/09/2006

Electronic Signature of Signing Officer or Director

Date