2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000118104

Entity Name: OASYS SALON, INC.

FILED Feb 26, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

17772 SW 2ND STREET 663 NW 151 AVENUE

PEMBROKE PINES, FL 33029 PEMBROKE PINES, FL 33028

Current Mailing Address: New Mailing Address:

17772 SW 2ND STREET 663 NW 151 AVENUE

PEMBROKE PINES, FL 33029 PEMBROKE PINES, FL 33028

FEI Number: 20-3394595 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

FILINGS, INC. LAMOLLI, LILLIAN 3732 NW 16 STREET 663 NW 151 AVENUE

FT. LAUDERDALE, FL 33311 US FT. LAUDERDALE, FL 33028 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: LILLIAN LAMOLLI 02/26/2008

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition

 Name:
 LAMOLLI, LILLIAN
 Name:
 LAMOLLI, LILLIAN

 Address:
 17772 SW 2ND STREET
 Address:
 663 NW 151 AVENUE

 City-St-Zip:
 PEMBROKE PINES, FL 33029
 City-St-Zip:
 PEMBROKE PINES, FL 33028

 Name:
 CALERO, LICHELE
 Name:
 CALERO, LICHELE

 Address:
 17772 SW 2ND STREET
 Address:
 663 NW 151 AVENUE

City-St-Zip: PEMBROKE PINES, FL 33029 City-St-Zip: PEMBROKE PINES, FL 33028

I hereby certify that the information supplied with this filing does not qualify 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: LILLIAN LAMOLLI P 02/26/2008