2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000118104

Entity Name: OASYS SALON, INC.

FILED Oct 13, 2009 Secretary of State

Elluty Na	IIIe: UASTS	SALON, INC.			
Current P	rincipal Plac	e of Business:	New Principal Place	New Principal Place of Business:	
663 NW 151 AVENUE PEMBROKE PINES, FL 33028				17772 SW 2ND STREET PEMBROKE PINES, FL 33029	
Current N	lailing Addre	ess:	New Mailing Addres	New Mailing Address:	
	51 AVENUE KE 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	Name and Address of New Registered Agent:	
The above in the State	51 AVENUE ERDALE, FL named entity e of Florida.	submits this statement for th	e purpose of changing its registere	d office or registered agent, or both,	
SIGNATUI	RE: LILLIAN	LAMOLLI inic Signature of Registered /	Agent	 Date	
Election Car	ce with s. 607.1	93(2)(b), F.S., the corporation did ng Trust Fund Contribution ().	I not receive the prior notice.	ES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	LAMOLLI, LIL 663 NW 151 A		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	CALERO, LICI 663 NW 151 A		Title: Name: Address: City-St-Zip:	() Change () Addition	

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 PRES 10/13/2009