


2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000119141		
1. Entity Name GENESIS BY CHANO BEAUTY SALON, INC.		

FILED
2006 DEC 14 PM 4:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 76 NW 24TH CT MIAMI, FL 33125	Mailing Address 76 NW 24TH CT MIAMI, FL 33125
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2. Principal Place of Business 1280 SW 1st St #5 Suite, Apt. #, etc. Miami Fla City & State 33135 Zip Country DADE	3. Mailing Address 1280 SW 1st #5 Suite, Apt. #, etc. Miami Fla City & State 33135 Zip Country DADE
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12132006 REIN-P CR2E098 (11/05)

4. FEI Number
20-3391544
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent RUIZ, FELICIANO 76 NW 24TH CT MIAMI, FL 33125	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1280 SW 1st St #5 Miami City FL Zip Code 33135
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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.

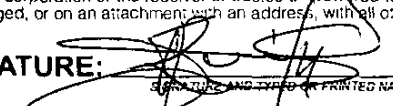
SIGNATURE:  (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After January 1, 2007, Fee will be \$300.00

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RUIZ, FELICIANO 1280 SW 1ST STREET #5 MIAMI, FL 33125 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 200082634422 12/19/06--01018--016 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RUIZ, CLEMENTINA 1280 SW 1ST STREET #5 MIAMI, FL 33125 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

12/14/06