2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000146537

STEWART, JANET

1267 CEDAR CIRCLE

HOLLY HILL, FL 32117 US

Name:

Address:

City-St-Zip:

Entity Name: CLEOPATRA'S UNISEX SALON INC.

FILED Oct 05, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: DAYTONA BEACH, FL 32117 **Current Mailing Address: New Mailing Address:** P O BOX 250106 HOLLY HILL, FL 32125 FEI Number: 20-3718180 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: STEWART, JANET 1267 CEDAR CIRCLE HOLLY HILL, FL 32117 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: JANET STEWART 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: () Delete () Change () Addition STEWART, JANET Name: Name: 1267 CEDAR CIRCLE Address: Address: City-St-Zip: HOLLY HILL, FL 32117 US City-St-Zip: Title: VΡ Title: () Delete () Change () Addition Name: SCOTT, KISHA Name: 1267 CEDAR CIRCLE Address: Address: HOLLY HILL, FL 32117 US City-St-Zip: City-St-Zip: Title: Title: DIR (X) Delete () Change () Addition SCOTT, KISHA Name: Name: 1267 CEDAR CIRCLE Address: Address: City-St-Zip: HOLLY HILL, FL 32117 US City-St-Zip: Title: DIR () Delete Title: () 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.

Name:

Address:

City-St-Zip:

SIGNATURE: JANET STEWART PRES 10/05/2007