

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000148323

FILED
Nov 17, 2006
Secretary of State

Entity Name: SIMPLY ARTISTIC FULL BEAUTY SALON CORPORATION

Current Principal Place of Business:

23 NORTH STATE ROAD 7
PLANTATION, FL 33317

New Principal Place of Business:

Current Mailing Address:

23 NORTH STATE ROAD 7
PLANTATION, FL 33317

New Mailing Address:

P.O. BOX 100402
FORT LAUDERDALE, FL 33310

FEI Number: 03-0579713

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROWN, PATRICIA ANN
3601 NW 37TH STREET
LAUDERDALE LAKES, FL 33309 US

Name and Address of New Registered Agent:

BROWN, PATRICIA ANN
3521 N.W. 35TH WAY
LAUDERDALE LAKES, FL 33309 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: PATRICIA BROWN

11/17/2006

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: D () Delete
Name: BROWN, PATRICIA
Address: 23 NORTH STATE ROAD 7
City-St-Zip: PLANTATION, FL 33317

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: PATRICIA BROWN

OWNE

11/17/2006

Electronic Signature of Signing Officer or Director

Date