

# **2007 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P05000157478

Entity Name: GEMINI BEAUTY SALON, INC.

**FILED**  
**Apr 23, 2007**  
**Secretary of State**

**Current Principal Place of Business:**

11361 W. FLAGLER STREET  
MIAMI, FL 33174

**New Principal Place of Business:**

**Current Mailing Address:**

11361 W. FLAGLER STREET  
MIAMI, FL 33174

**New Mailing Address:**

FEI Number: 20-3862619

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CARNET PERERA, ODALYS  
10845 NW 7TH STREET  
#13  
MIAMI, FL 33172 US

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

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: ODALYS CARNET PERERA

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: P ( ) Delete  
Name: CARNET PERERA, ODALYS  
Address: 10845 NW 7TH STREET #13  
City-St-Zip: MIAMI, FL 33172

**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: ODALYS CARNET PERERA

P

04/23/2007

Electronic Signature of Signing Officer or Director

Date