

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000014869 1. Entity Name HAIR STUDIO 75, INC.						FILED 08 MAR 17 AM 7:57 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 7455 COLLINS AVE. SUITE 205 MIAMI BEACH, FL 33141				Mailing Address 7455 COLLINS AVE. SUITE 205 MIAMI BEACH, FL 33141			
2. Principal Place of Business - No P.O. Box #				3. Mailing Address			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
4. FEI Number 04-3722592				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent PEREZ, MICHAEL 287 PARK BLVD. MIAMI, FL 33126				7. Name and Address of New Registered Agent Name JULIETA POLETO Street Address (P.O. Box Number is Not Acceptable) 7455 Collins Ave. Suite 205 City Miami Beach FL Zip Code 33141			
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 <i>Julieta Poleto</i> <small>(Signature of registered agent and true in statement)</small>				02/06/08 <small>(NOTE: Registered agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After January 1, 2008, 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	PD POLETO, JULIETA 7455 COLLINS AVE. SUITE 205 MIAMI BEACH, FL 33141	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Solange da Silva Fernandes <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 9195 Collins Ave. # 306 Surfside FL 33141		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RIVERA, JULIE 1 SW 10TH AVE. HALLANDALE, FL 33009	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 500112330635 11/19/07--01005--004 **150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 05-04-07 90084 015 <input type="checkbox"/> Change <input type="checkbox"/> Addition \$150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 7/3/19		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<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: Julieta Poleto <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Julieta Poleto <small>Date</small>			
12-05-07 <small>Daytime Phone #</small>				786-399-2673			