

# **2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P06000025349

**FILED**  
**Mar 30, 2011**  
**Secretary of State**

**Entity Name:** SISTER SISTER BEAUTY SUPPLIES INC

**Current Principal Place of Business:**

425 SW KAABE AVE  
PORT ST LUCIE, FL 34953 US

**New Principal Place of Business:**

**Current Mailing Address:**

425 SW KAABE AVE  
PORT ST LUCIE, FL 34953 US

**New Mailing Address:**

**FEI Number:** 20-4343809

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CAMPBELL, JANET  
425 SW KAABE AVE  
PORT ST LUCIE, FL 34953 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:** JANET CAMPBELL

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** CAMPBELL, JANET  
**Address:** 425 SW KAABE AVE  
**City-St-Zip:** PORT ST LUCIE, FL 34953 US

**Title:** VP  
**Name:** CHIN, CECILE  
**Address:** 731 E EVANSTON CIRCLE  
**City-St-Zip:** FT LAUDERDALE, FL 33312 US

I hereby 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 all other like empowered.

**SIGNATURE:** JANET CAMPBELL

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03/30/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date