## 2008 FOR PROFIT CORPORATION REINSTATEMENT

| DOCUMENT # P06000042852  1. Entity Name 4A BODY SHOP, INC.  |   |  |                           |  |                         |                        |  |                                  | FILEI<br>1-8 PI    | D<br>M 3: 07        | 7          |
|---|---|--|---------------------------|--|-------------------------|------------------------|--|----------------------------------|--------------------|---------------------|------------|
| Principal Place of Business Mailing Address 1085 EAST 28 STREET HIALEAH, FL 33013 HIALEAH, FL 33013 |   |  |                           |  |                         |                        | CONCIANT OF STATE CALLAHASSEE, FLORIDA |                                  |                    |                     |            |
| 2. Principal i  | 3 E .   | is - No P.O. Box#<br>10 LANE   | SAN                       | g Address<br>1E As<br>Apt. #, etc.     | 12                      |                        | · BEI                                  | IIII III III<br>ISTATEN          | tti Baih Airis (1) | 881 (818) 83118 SI  | <br>   7-0 |
| City & State HIALEAH  |   |  |                           | City & State                           |                         |                        |  | er 31712                         |                    | Ar                  | oplied For |
| Zip   |   | Country 33013  | Zip                       |  | Count                   | ry                     |  | of Status Desired                | П                  | \$8.75 Add          | ditional   |
|   | 6. Name a   | nd Address of Curr   | ent Registered            | Agent                                  | .l                      | Name                   | 7. Name and                            | Address of New I                 |                    | <del> </del>        | •          |
| SIGUENZA, ENRIQUE<br>4960 NW 183 ST   |   |  |                           |  |                         | Street Address         | (P.O. Box Numb                         | er is Not Acceptabl              | e)                 | - ·····             |            |
| MIAMI, FL   |   |  |                           |  |                         |                        |  |                                  |                    |                     |            |
|   |   |  |                           |  |                         | City                   |  | - ***                            | FL                 | Zip Cod             | le         |
| 8. The above  | e named entity s  | ubmits this statemer   | nt for the purpos         | e of changing its                      | s registere             | ed office or registe   | red agent, or bo                       | th, in the State of FI           | orida. I am        | familiar with,      | and accept |
| SIGNATURE   |   |  |                           |  |                         |                        |  |                                  |                    |                     |            |
|   |   | orinled name of registered a   | gent and title if applica | able. (NOT                             | E: Registere            | d Agent signature requ | ired when reinstating                  | •                                | DATE               |                     |            |
| Fi  | LE NOWIJI   | FEE IS \$300.00  |                           |  |                         |                        |  | In accordance<br>corporation did | not receive        | e the prior :       | notice.    |
| 10.<br>TILE   | PD  | OFFICERS A   | ND DIRECTORS              | Delete                                 | 11.                     |                        | ADDITIONS                              | CHANGES TO OFF                   | FICERS AND         | DIRECTOR:           | S IN 11    |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | SIGUENZA, ENRIQUE 4960 NW 183 STREET                        |  |                           |  |                         | ET ADDRESS<br>ST-ZIP   | 01/0                                   | <b>00114</b> :<br>8/080101       | 9224<br>3008       | <b>424</b><br>**300 | _          |
| name<br>Street adoress<br>City-St-Zip   | VPD □ Delete SIGUENZA, EFREN 4960 NW 183 ST MIAMI, FL 33055 |  |                           |  |                         | T ADDRESS<br>ST-ZIP    |  |                                  |                    | ☐ Change            | Addition   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | STD<br>SIGUENZA,<br>4960 NW 18<br>MIAMI, FL                 | 3 ST   |                           | ☐ Delete                               |                         |                        |  | ¥                                | 1                  | Change              | ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |   | Mil  | 10                        | ☐ Delete                               |                         |                        |  |                                  |                    | Change              | Addition   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |   | <del></del>  |                           | ☐ Delete                               |                         | T ADDRESS<br>ST-ZIP    |  |                                  |                    | ☐ Change            | Addition   |
| TITLE NAME STREET ADDRESS CITY-S1-ZIP   |   |  |                           | ☐ Delete                               | TITLE<br>NAME<br>STREE  |                        |  | ,                                | , .                | Change              | Addition ( |
| of the co   | rporation or the  | r supplied reported reported in supplemental reported in supplemental reported in supplement with an address and supplemental reported in supplemental re | rt is true and aci        | curate and that r<br>ecute this report | ny signati<br>as requir |                        |  |                                  |                    |                     |            |