

# **2010 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P06000046075

Entity Name: CHISAM HAIR INC

**FILED**  
**Nov 16, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

8102 BLANDING BLVD  
SUITE21  
JACKSONVILLE, FL 32244

**New Principal Place of Business:**

**Current Mailing Address:**

8102 BLANDING BLVD  
SUITE21  
JACKSONVILLE, FL 32244

**New Mailing Address:**

FEI Number: 27-0140857

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

DEMOSTHENE, CHIMENA  
3679 JACOB LOIS DR  
JACKSONVILLE, FL 32218 US

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

DEMOSTHENE, CHIMENE  
3679 JACOB LOIS DR  
JACKSONVILLE, FL 32218 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: CHIMENE DEMOSTHENE

11/16/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: DEMOSTHENE, CHIMENE  
Address: 3679 JACOB LOIS DR  
City-St-Zip: JACKSONVILLE, FL 32218

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: CHIMENE DEMOSTHENE

P

11/16/2010

Electronic Signature of Signing Officer or Director

Date