

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000095207

Entity Name: IMPRESSIONS HAIR STUDIO, INC.

FILED  
Nov 01, 2007  
Secretary of State

## Current Principal Place of Business:

SHOPPES AT CHICKASAW  
UNIT 105  
ORLANDO, FL 32829

## New Principal Place of Business:

Current Mailing Address:  
9481 VENEZIA PLANTATION DRIVE  
ORLANDO, FL 32829

## New Mailing Address:

FEI Number: 20-5248126      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

ZAYAS, JOEL  
9481 VENEZIA PLANTATION DRIVE  
ORLANDO, FL 32829 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: JOEL ZAYAS

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: PT ( ) Delete  
Name: ZAYAS, JOEL  
Address: 3455 VICTORIA PINES DR  
City-St-Zip: ORLANDO, FL 32829

Title: SEC ( ) Delete  
Name: ZAYAS, KAMILLE M  
Address: 3455 VICTORIA PINES DR  
City-St-Zip: ORLANDO, FL 32829

Title: VP ( ) Delete  
Name: LANCARA, CARMEN M  
Address: P O BOX 1786  
City-St-Zip: CEIBA, PR 00735

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: JOEL ZAYAS

PT

11/01/2007

Electronic Signature of Signing Officer or Director

Date