

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000106348

Entity Name: TANGLES HAIR STUDIO, INC.

FILED
Oct 09, 2007
Secretary of State

Current Principal Place of Business:

7807 FALLING LEAF PL
MELBOURNE, FL 32940

New Principal Place of Business:

Current Mailing Address:

7807 FALLING LEAF PL
MELBOURNE, FL 32940

New Mailing Address:

FEI Number: 20-5375664

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ALWAYS BY THE NUMBERS INC
217 N GROVE ST
MERRITT ISLAND, FL 32953 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: LORA MCCABE

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: P () Delete
Name: WEIS, MELISSA
Address: 7807 FALLING LEAF PL
City-St-Zip: MELBOURNE, FL 32940

Title: VP () Delete
Name: WEIS, JEFFREY
Address: 7807 FALLING LEAF PL
City-St-Zip: MELBOURNE, FL 32940

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: MELISSA WEIS

P

10/09/2007

Electronic Signature of Signing Officer or Director

Date