



2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000108990 1. Entity Name HAIR TRENDS 2, INC.						FILED 09 APR 23 AM 10:11 600152070438 04/23/09--01029--000 STATE OF FLORIDA	
Principal Place of Business 24857 S. TAMiami TRAIL SUITE 4 BONITA SPRINGS, FL 34135				Mailing Address 11311 VIRGINIA DRIVE BONITA SPRINGS, FL 34135			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address 23136 Grassy Pine Dr. Suite, Apt. #, etc.				
City & State Estero FL			City & State Estero FL				
Zip 33928		Country Lee					
4. FEI Number 87-0779635				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent SAN SOUCI, PAULETTE 11311 VIRGINIA DRIVE BONITA SPRINGS, FL 34135				7. Name and Address of New Registered Agent Name Paulette SanSouci Cooke Street Address (P.O. Box Number is Not Acceptable) 23136 Grassy Pine Dr. City Estero FL Zip Code 33928			
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Paulette SanSouci Cooke h.w. Paulette SanSouci Cooke 4/20/09 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
FILE NOW!!! FEE IS \$300.00				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE <input type="checkbox"/> Delete NAME P STREET ADDRESS SAN SOUCI, PAULETTE CITY-ST-ZIP 11311 VIRGINIA DRIVE BONITA SPRINGS, FL 34135				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME SanSouci Cooke Paulette STREET ADDRESS 23136 Grassy Pine Dr. CITY-ST-ZIP Estero, FL. 33928				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: Paulette SanSouci Cooke <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				4/20/09 239 992 1071 <small>Date Daytime Phone #</small>			