FROM LAZARUS   FAX NO. :3052201440   Oct. 05 2007 11:09AM P1

2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2007 OCT 12 AM 8:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P06000111835

1. Entity Name
HORACIO'S SALON & SPA, INC.

Principal Place of Business	Mailing Address
17901 SW 137 COURT MIAMI, FL 33177	17901 SW 137 COURT MIAMI, FL 33177

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
10441 NW 41 st.	10441 NW 41 st.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, Fl	City & State: Miami, Fl
Zip: 33178 Country: USA	Zip: 33178 Country: USA

10052007 REIN-P CR2E098 (1/07)

4. FEI Number: 20-5409792 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FUENTES, VICTOR H
17901 SW 137 COURT
MIAMI, FL 33177

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City   FL   Zip Code

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: Horacio R. Melgarejo   10/3/07
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After January 1, 2008, Fee will be $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 NAME STREET ADDRESS CITY-ST-ZIP	VP MELGAREJO, RAMON H 17901 SW 137 COURT MIAMI, FL 33177	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	900011074969 10/15/07--01003--001 **750.00	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FUENTES, VICTOR H 14741 SW 132 COURT MIAMI, FL 33186	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: Horacio R. Melgarejo   305 477-3833
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

10/16