2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Mar 25, 2009
Secretary of State

DOCUMENT# P06000113307

Entity Name: HAIR LOUNGE SALON & SPA, INC.

Current Principal Place of Business:

8120 CLEARY BLVD.
#1208
PLANTATION, FL 33324

New Principal Place of Business:

5937 S UNIVERSITY DR
DAVIE, FL 33328

Current Mailing Address:

8120 CLEARY BLVD.
#1208
PLANTATION, FL 33324

New Mailing Address:

5937 S UNIVERSITY DR
DAVIE, FL 33328

FEI Number: 11-3808063 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MISHALI, TOMER
8120 CLEARY BLVD.
#1208
PLANTATION, FL 33324 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: TOMER MISHALI
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/D ( ) Delete
Name: MISHALI, TOMER
Address: 8120 CLEARY BLVD. #1208
City-St-Zip: PLANTATION, FL 33324

Title: VP ( ) Delete
Name: YEHEZQEL, YEORAM
Address: 8120 CLEARY BLVD. #1208
City-St-Zip: PLANTATION, FL 33324

Title: VPD ( ) Delete
Name: ALPOER, GIORA
Address: 8120 CLEARY BLVD.
City-St-Zip: PLANTATION, FL 33324

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: TOMER MISHALI P/D 03/25/2009
Electronic Signature of Signing Officer or Director — Date