

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000118947

1. Entity Name
SALON NEW YORK INC



Principal Place of Business
**5020 TROUBLECREEK ROAD
NEW PORT RICHEY, FL 34652 US**

Mailing Address
**5408 ST JAMES DRIVE
NEW PORT RICHEY, FL 34652 US**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address
9141 JIMINEZ DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
HUDSON, FL

Zip

Country

Zip
34669

Country



REINSTATEMENT 05182708 06/23/08 (1/07) 02-08

4. FEI Number
20-5547918

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**DREW, KELLY
5408 ST JAMES DRIVE
NEW PORT RICHEY, FL 34652**

7. Name and Address of New Registered Agent

Name
SIRADAS, SANDRA

Street Address (P.O. Box Number is Not Acceptable)
9141 JIMINEZ DRIVE

City
HUDSON

FL

Zip Code
34669

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 **6/19/08 owner**

(NOTE: Registered Agent signature required when reinstating)

DATE

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 NAME STREET ADDRESS CITY-ST-ZIP	PD SIRADAS, SANDRA 9141 JIMINEZ DRIVE HUDSON, FL 34669 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000131593630 06/23/08--01052--004 **300.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SIRADAS, ILIANNA 9141 JIMINEZ DRIVE HUDSON, FL 34669 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 7/6/24
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SIRADAS, JOHN 9141 JIMINEZ DRIVE HUDSON, FL 34669 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: **6/19/08 owner SKY/WH**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone