

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000135239

**FILED**  
**Oct 30, 2007**  
**Secretary of State**

**Entity Name:** THE BEAUTIFUL SHOP INC.

**Current Principal Place of Business:**

4601 E HWY 100 UNIT J-7  
BUNNELL, FL 32110

**New Principal Place of Business:**

2285 E. HWY 100  
SUITE 104  
PALM COAST, FL 32110

**Current Mailing Address:**

4601 E HWY 100 UNIT J-7  
BUNNELL, FL 32110

**New Mailing Address:**

629 GARDEN CRESS TRAIL  
ROYAL PALM BEACH, FL 33411

FEI Number: 75-3224366

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LAURORE, MARC  
629 GARDEN CRESS TRAIL  
ROYAL PALM BEACH, FL 33411 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: MARC LAURORE

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: DP ( ) Delete  
Name: LAURORE, MARC  
Address: 629 GARDEN CRESS TRIAL  
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: VPD ( ) Delete  
Name: DESSAINT, ALAIN  
Address: 25-A RYARBOR DRIVE  
City-St-Zip: PALM COAST, FL 32164

Title: STD ( ) Delete  
Name: LAURORE, BENIS  
Address: 629 GARDEN CRESS TRAIL  
City-St-Zip: ROYAL PALM BEACH, FL 33411

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: STD (X) Change ( ) Addition  
Name: LAURORE, BENISE  
Address: 629 GARDEN CRESS TRAIL  
City-St-Zip: ROYAL PALM BEACH, FL 33411

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: MARC LAURORE

Electronic Signature of Signing Officer or Director

DP

10/30/2007

Date