2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000137503

FILED Dec 19, 2007 Secretary of State

Entity Name: SALON SASKIA, INC. **Current Principal Place of Business: New Principal Place of Business:** 12588 BRIARMEAD LN 4352 SOUTHSIDE BLVD JACKSONVILLE, FL 32258 SUITE 3 JACKSONVILLE, FL 32216 **Current Mailing Address: New Mailing Address:** 12588 BRIARMEAD LN JACKSONVILLE, FL 32258 FEI Number: 90-0313940 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PENLAND, SASKIA 12588 BRIÁRMEAD LN US JACKSONVILLE, FL 32258 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: SASKIA PENLAND 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: PSTD () Delete Title: (X) Change () Addition PENLAND, SASKIA Name: PENLAND, SASKIA Name: 12588 BRIARMEAD LN 12588 BRIARMEAD LN Address: Address: JACKSONVILLE, FL 32258 City-St-Zip: JACKSONVILLE, FL 32258 City-St-Zip: Title: () Delete Title: TD () Change (X) Addition Name: Name: PEREIRA, CHAD H 148 PARKSIDE DRIVE Address: Address: ST AUGUSTINE, FL 32095 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change (X) Addition Name: PEREIRA, EDWARD S Name: 233 OAK COMMON AVE Address: Address: City-St-Zip: City-St-Zip: ST AUGUSTINE, FL 32095

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: CHAD PEREIRA OD 12/19/2007