2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 19, 2009
Secretary of State

DOCUMENT# P07000014381

Entity Name: SOLUTION BARBER SHOP/MULTI-SERVICES, INC.

Current Principal Place of Business:

2670 S. RIO GRANDE AVENUE
ORLANDO, FL 32805

New Principal Place of Business:

Current Mailing Address:

2670 S. RIO GRANDE AVENUE
ORLANDO, FL 32805

New Mailing Address:

FEI Number: 20-8354294 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MORISSEAU, MARIE S
645 IVES DAIRY ROAD
222
MIAMI, FL 33179 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: MARIE S. MORISSEAU
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 ( ) Delete
Name: MORISSEAU, MARIE S
Address: 645 IVES DAIRY ROAD #222
City-St-Zip: MIAMI, FL 33179

Title: VP ( ) Delete
Name: EDMUND, MOSSOLINO
Address: 645 IVES DAIRY ROAD #222
City-St-Zip: MIAMI, FL 33179

Title: TR ( ) Delete
Name: FRANKLIN, FRANKEL
Address: 1031 NE 180 TERRACE
City-St-Zip: MIAMI GARDENS, FL 33162

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: MARIE S. MORISSEAU P 10/19/2009
Electronic Signature of Signing Officer or Director — Date