

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P07000028465

Entity Name: FAMILY HAIR SALON INC

FILED
Mar 12, 2009
Secretary of State

Current Principal Place of Business:

880 TOWNE CENTER DR
KISSIMMEE, FL 34759

New Principal Place of Business:

Current Mailing Address:

1009 DARTMOR PLACE
KISSIMMEE, FL 34758

New Mailing Address:

FEI Number: 94-3471201

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REYES ALONSO, ELIEZER
1009 DARTMOR PLACE
KISSIMMEE, FL 34758 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: ELIEZER REYES ALONSO

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: CO () Delete
Name: REYES ALONSO, ELIEZER
Address: 1009 DARTMOR PLACE
City-St-Zip: KISSIMMEE, FL 34758

Title: CO () Delete
Name: ARROYO, MARICELY
Address: 1009 DARTMOOR PLACE
City-St-Zip: KISSIMMEE, FL 34758

Title: VP () Delete
Name: ROMAN, ELI
Address: 4103 TARTAN PLACE
City-St-Zip: TAMPA, FL 33624

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: REYES ALONSO, ELIEZER
Address: 1009 DARTMOR PLACE
City-St-Zip: KISSIMMEE, FL 34758

Title: SEC (X) Change () Addition
Name: ARROYO, MARICELY
Address: 1009 DARTMOOR PLACE
City-St-Zip: KISSIMMEE, FL 34758

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: ELIEZER REYES ALONSO

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03/12/2009

Electronic Signature of Signing Officer or Director

Date