

# 2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P07000030035

FILED  
Feb 24, 2009  
Secretary of State

Entity Name: HAIR IN MOTION OF NEW YORK, INC.

## Current Principal Place of Business:

2745 NORTH HIAWASSEE ROAD  
ORLANDO, FL 32818

## New Principal Place of Business:

5948 LAKEVILLE RD  
ORLANDO, FL 32818

## Current Mailing Address:

2745 NORTH HIAWASSEE ROAD  
ORLANDO, FL 32818

## New Mailing Address:

5948 LAKEVILLE RD  
ORLANDO, FL 32818

FEI Number: 11-3805406

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

POWE, LESLINE  
5948 LAKEVILLE RD  
ORLANDO, FL 32818 US

## Name and Address of New Registered Agent:

POWE-BARTON, LESLINE  
5948 LAKEVILLE RD  
ORLANDO, FL 32818 US

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: LESLINE POWE-BARTON

02/24/2009

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: POWE, LESLINE  
Address: 2745 NORTH HIAWASSEE ROAD  
City-St-Zip: ORLANDO, FL 32818

Title: V ( ) Delete  
Name: BARTON, OWEN  
Address: 2745 NORTH HIAWASSEE ROAD  
City-St-Zip: ORLANDO, FL 32818

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: POWE-BARTON, LESLINE  
Address: 5948 LAKEVILLE RD  
City-St-Zip: ORLANDO, FL 32818

Title: V (X) Change ( ) Addition  
Name: BARTON, OWEN  
Address: 5948 LAKEVILLE ROAD  
City-St-Zip: ORLANDO, FL 32818

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: LESLINE POWE-BARTON

P

02/24/2009

Electronic Signature of Signing Officer or Director

Date