

# 2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P07000032837

Entity Name: HAIR FRENZY SALON INC.

FILED  
Nov 16, 2009  
Secretary of State

## Current Principal Place of Business:

1888 NW 139 AVE  
PEMBROKE PINES, FL 33028

## New Principal Place of Business:

14540 SW 5TH ST  
PEMBROKE PINES, FL 33027

## Current Mailing Address:

1888 NW 139 AVE  
PEMBROKE PINES, FL 33028

## New Mailing Address:

14540 SW 5TH ST  
PEMBROKE PINES, FL 33027

FEI Number: 20-8697854

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MCCLUSKEY, DESIREE  
1888 NW 139 AVE  
PEMBROKE PINES, FL 33028 US

## Name and Address of New Registered Agent:

MCCLUSKEY, DESIREE  
14540 SW 5TH  
PEMBROKE PINES, FL 33027 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: DESIREE MCCLUSKEY

11/16/2009

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: PSTD ( ) Delete  
Name: MCCLUSKEY, DESIREE  
Address: 1888 NW 139 AVE  
City-St-Zip: PEMBROKE PINES, FL 33028

Title: VPD ( ) Delete  
Name: MARTINEZ, SYLVIA  
Address: 1830 SABAL PALM DR, APT. 206  
City-St-Zip: DAVIE, FL 33324

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change ( ) Addition  
Name: MCCLUSKEY, DESIREE  
Address: 14540 SW 5TH  
City-St-Zip: PEMBROKE PINES, FL 33027

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: SYLVIA MARTINEZ

VPD

11/16/2009

Electronic Signature of Signing Officer or Director

Date