2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P07000056231

Entity Name: SKY'Z THE LIMIT HAIR SPECIALIST, INC.

FILED Dec 02, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

10434 SW 7ST 14711 SW 42 STREET MIAMI, FL 33174 14711 SW 42 STREET MIAMI, FL 33185

Current Mailing Address: New Mailing Address:

10434 SW 7ST 14711 SW 42 STREET MIAMI, FL 33174 14711 SW 42 STREET MIAMI, FL 33185

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

 MORENO, HUMBERTO
 MORENO, HUMBERTO

 10434 SW 7ST
 14711 SW 42 STREET

 MIAMI, FL 33174
 US

 MIAMI, FL 33185
 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: HUMBERTO MORENO 12/02/2008

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: P () Delete Title: P (X) Change () Addition Name: MORENO, HUMBERTO Name: MORENO, HUMBERTO Address: 10434 SW 7ST Address: 14711 SW 42 STREET

Address: 10434 SW 7ST Address: 14711 SW 42 STREE*
City-St-Zip: MIAMI, FL 33174 City-St-Zip: MIAMI, FL 33185

Title: Title: (X) Change () Addition () Delete Name: MORENO, MAYRA Name: MORENO, MAYRA 10434 SW 7ST Address: 14711 SW 42 STREET Address: MIAMI, FL 33174 MIAMI, FL 33185 City-St-Zip: 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: HUMBERTO MORENO P 12/02/2008