

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P07000075457

FILED
Oct 09, 2009
Secretary of State

Entity Name: SPECIALIZED BEAUTY CENTER CORP.

Current Principal Place of Business:

836 E. VINE STREET
KISSIMMEE, FL 34744

New Principal Place of Business:

Current Mailing Address:

3300 SWEET JAFFA DRIVE
KISSIMMEE, FL 34746

New Mailing Address:

FEI Number: 26-0438365

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

L.L. PROFESSIONAL SERVICES INC
7661 CURRENCY DRIVE
ORLANDO, FL 32809 US

Name and Address of New Registered Agent:

L.L. PROFESSIONAL SERVICES INC
6900 S ORANGE BLOSSOM TRAIL
408
ORLANDO, FL 32809 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: AIXA LOPEZ

10/09/2009

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: ALVAREZ, AMADO
Address: 3300 SWEET JAFFA DRIVE
City-St-Zip: KISSIMMEE, FL 34746

Title: VP () Delete
Name: VEGA-RUIZ, AIDA L
Address: 2385 BREWERTON LANE
City-St-Zip: ORLANDO, FL 32824

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: JUSINO, STEVEN
Address: 3300 SWEET JAFFA DRIVE
City-St-Zip: KISSIMMEE, FL 34746

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: AMADO ALVAREZ

P

10/09/2009

Electronic Signature of Signing Officer or Director

Date