

2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 OCT 10 PM 4:17

DOCUMENT # P07000106321					
1. Entity Name DONALDSON SISTA'S PRODUCTION BEAUTY SALON & SUPPLY INC.					
Principal Place of Business 1326 SOUTH ADAMS ST TALLAHASSEE, FL 32301			Mailing Address 1326 SOUTH ADAMS ST TALLAHASSEE, FL 32301		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				10102008 REIN-P CR2E098 (1/07)	
6. Name and Address of Current Registered Agent DONALDSON, PAMELA 1154 SEMINOLE DRIVE TALLAHASSEE, FL 32301			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____		
8. 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. I am familiar with, and accept the obligations of registered agent					
SIGNATURE _____ <small>Signature typed or printed name of registered agent and the applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After January 1, 2009, Fee will be \$300.00			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD DONALDSON, PAMELA 1154 SEMINOLE DR TALLAHASSEE, FL 32301 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD DONALDSON, JOY P 1326 SOUTH ADAMS ST TALLAHASSEE, FL 32301 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	300136825693 10/13/08--01002--006 ***150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	S O'NEAL, BRITTANY 1154 SEMINOLE DR TALLAHASSEE, FL 32301 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	T ROBERTS, JOYCE 1154 SEMINOLE DR TALLAHASSEE, FL 32301 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	O DONALDSON, AMBER 1326 SOUTH ADAMS ST TALLAHASSEE, FL 32301 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered					
SIGNATURE:			10/10/03 575-4600		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		