

# **2010 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P07000118297

**FILED**  
**Mar 18, 2010**  
**Secretary of State**

**Entity Name:** IT'S MAGIC DAY SPA & SALON INC.

**Current Principal Place of Business:**

308 E. CEDAR AVE.  
CRESTVIEW, FL 32536

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1782  
CRESTVIEW, FL 32536

**New Mailing Address:**

308 E. CEDAR AVE.  
CRESTVIEW, FL 32536

**FEI Number:** 26-1324473

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DAVIS, DEICY A  
100 SIOUX CIR.  
CRESTVIEW, FL 32536 US

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

SHEETS, TIFFANNIE N  
4008 LAKEVIEW DRIVE  
CRESTVIEW, FL 32539 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:** TIFFANNIE SHEETS

03/18/2010

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  
**Name:** SHEETS, TIFFANNIE N  
**Address:** 4008 LAKEVIEW DR  
**City-St-Zip:** CRESTVIEW, FL 32539

I hereby 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 all other like empowered.

**SIGNATURE:** TIFFANNIE SHEETS

P

03/18/2010

Electronic Signature of Signing Officer or Director

Date