

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P07000119924

Entity Name: A UNIQUE BEAUTY SALON, INC.

FILED
Oct 22, 2008
Secretary of State

Current Principal Place of Business:

3579 FOWLER STREET
N/A
FORT MYERS, FL 33901

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 152907
N/A
CAPE CORAL, FL 33915

New Mailing Address:

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

Name and Address of Current Registered Agent:

KNIGHT, BOBBY J
722 SE 12TH AVE.
N/A
CAPE CORAL, FL 33990 US

Name and Address of New Registered Agent:

KNIGHT, BOBBY J
1327 NE 2ND PLACE
N/A
CAPE CORAL, FL 33909 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: BOBBY KNIGHT

10/22/2008

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:

Title: P () Delete
Name: KNIGHT, BOBBY J
Address: 722 SE 12TH AVE
City-St-Zip: CAPE CORAL, FL 33990

Title: VP () Delete
Name: KNIGHT, JAMERE S
Address: 722 SE 12TH AVE
City-St-Zip: CAPE CORAL,, FL 33990 US

Title: DIR. () Delete
Name: BRINSON, TIFFAHN S
Address: 1327 NE 2ND PL.
City-St-Zip: CAPE CORAL, FL 33909

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: KNIGHT, BOBBY J
Address: 1327 NE 2ND PLACE
City-St-Zip: CAPE CORAL, FL 33909

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

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: TIFFAHN S BRINSON

DIR.

10/22/2008

Electronic Signature of Signing Officer or Director

Date