

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P07000124343

Entity Name: BEAUTIFUL YOU SALON, INC.

FILED
May 01, 2009
Secretary of State

Current Principal Place of Business:

4613 N, UNIVERSITY DRIVE, #387
CORAL SPRINGS, FL 33067

New Principal Place of Business:

24174 HIGHWAY 27
500
LAKE WALES, FL 33859

Current Mailing Address:

4613 N, UNIVERSITY DRIVE, #387
CORAL SPRINGS, FL 33067

New Mailing Address:

24174 HIGHWAY 27
500
LAKE WALES, FL 33859

FEI Number: 74-3240645

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CREARY, ALTHEA
4613 N, UNIVERSITY DRIVE, #387
CORAL SPRINGS, FL 33067 US

Name and Address of New Registered Agent:

CREARY, ALTHEA
24174 HIGHWAY 27
LAKE WALES, FL 33859 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: ALTHEA CREARY

05/01/2009

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: CREARY, ALTHEA A
Address: 4613 N, UNIVERSITY DRIVE, #387
City-St-Zip: CORAL SPRINGS, FL 33067

Title: V () Delete
Name: CREARY, SANDY
Address: 4613 N, UNIVERSITY DRIVE, #387
City-St-Zip: CORAL SPRINGS, FL 33067

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: CREARY, ALTHEA A
Address: 24174 HIGHWAY 27
City-St-Zip: LAKE WALES, FL 33859 US

Title: VP (X) Change () Addition
Name: CREARY, SANDY I
Address: 24174 HIGHWAY 27
City-St-Zip: LAKE WALES, FL 33859

Title: MGR () Change (X) Addition
Name: URIAS, MARIA D
Address: 24174 HIGHWAY 27
City-St-Zip: LAKE WALES, FL 33859

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: ALTHEA CREARY

PRES

05/01/2009

Electronic Signature of Signing Officer or Director

Date