2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P07000128505

Entity Name: MAGIC HAIR GROWTH, INC.

FILED Nov 17, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

11520 PEACHTREE DR 11520 PEACHTREE DR MIAMI, FL 33165 MIAMI, FL 33161

Current Mailing Address: New Mailing Address:

11520 PEACHTREE DR 11520 PEACHTREE DR MIAMI, FL 33165 MIAMI, FL 33161

FEI Number: 26-1509078 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

FERNANDEZ, AILIN 8650 BISCAYNE BLVD UNIT #12 MIAMI, FL 33138 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: AILIN FERNANDEZ

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: PD (X) Change () Addition

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 PD () Delete
 Title:
 PD (X) Change

 Name:
 FERNANDEZ, AILIN
 Name:
 FERNANDEZ, AILIN

 Address:
 11520 PEACHTREE DR
 Address:
 11520 PEACHTREE DR

 City-St-Zip:
 MIAMI, FL 33165
 City-St-Zip:
 MIAMI, FL 33161

Title: VPD () Delete Title: VPD (X) Change () Addition

 Name:
 MARTINEZ, DOLORES C
 Name:
 MARTINEZ, DOLORES C

 Address:
 11520 PEACHTREE DR
 Address:
 11520 PEACHTREE DR

 City-St-Zip:
 MIAMI, FL 33165
 City-St-Zip:
 MIAMI, FL 33161

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: AILIN FERNANDEZ PD 11/17/2009