

# 2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P08000013737

Entity Name: AGELESS BEAUTY AND HEALTH, INC

FILED  
Oct 16, 2009  
Secretary of State

## Current Principal Place of Business:

263 KENSINGTON WAY  
WELLINGTON, FL 33414

## New Principal Place of Business:

## Current Mailing Address:

263 KENSINGTON WAY  
WELLINGTON, FL 33414

## New Mailing Address:

FEI Number: 32-0233963

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

METZNER, CHERYL  
263 KENSINGTON WAY  
WELLINGTON, FL 33414 US

## Name and Address of New Registered Agent:

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: CHERYL METZNER

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: METZNER, CHERYL  
Address: 263 KENSINGTON WAY  
City-St-Zip: WELLINGTON, FL 33414

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition  
Name: METZNER, CHERYL  
Address: 263 KENSINGTON WAY  
City-St-Zip: WELLINGTON, FL 33414

Title: V.P. ( ) Change (X) Addition  
Name: METZNER, MICHAEL  
Address: 263 KENSINGTON WAY  
City-St-Zip: WELLINGTON, FL 33414

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: CHERYL METZNER

Electronic Signature of Signing Officer or Director

PRES

10/16/2009

Date