

# **2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P08000074512

**FILED**  
**Feb 17, 2011**  
**Secretary of State**

**Entity Name:** SELINA BEAUTY SALON INC.

**Current Principal Place of Business:**

419 S MAIN ST  
LABELLE, FL 33935

**New Principal Place of Business:**

250 SOUTH BRIDGE STREET  
LABELLE, FL 33935

**Current Mailing Address:**

4058 RAINBOW CIRCLE  
LABELLE, FL 33935

**New Mailing Address:**

**FEI Number:** 26-3112762

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NUNEZ, LILIA P  
4058 RAINBOW CIRCLE  
LABELLE, FL 33935 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:** LILIA NUNEZ

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** NUNEZ, LILIA P  
**Address:** 4058 RAINBOW CIRCLE  
**City-St-Zip:** LABELLE, FL 33935

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:** LILIA P NUNEZ

MGR

02/17/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date