2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P08000080571

City-St-Zip:

LAUDERDALE LAKES, FL 33313

Entity Name: CUT MASTERZ UNISEX BEAUTY SALON INC

FILED Oct 05, 2009 Secretary of State

Littly Nai	ille. COT MAST	ERZ UNISEX BEAUTT SALC			
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	TATE ROAD 7 DALE LAKES, FL	. 33313			
Current Mailing Address:			New Mailing Address	New Mailing Address:	
	TATE ROAD 7 DALE LAKES, FL	. 33313			
FEI Number	: 26-3244903	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
19295 SOI	ONE, REGINALE UTH GARDENIA , FL 33332 U	AAVE			
The above in the State	named entity su e of Florida.	ıbmits this statement for the p	ourpose of changing its registered	office or registered agent, or both,	
SIGNATUR	RE: REGINALD	CHAMPAGNE			
Electronic Signature of Registered Agent			ent	Date	
		2)(b), F.S., the corporation did no Trust Fund Contribution ().	t receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () E DORSAINVIL, RA 2432 N. STATE R LAUDERDALE LA	ROAD 7	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	VP () DORSAINVIL, MA 2432 N. STATE R LAUDERDALE LA	OAD 7	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	CFO () E DORSAINVIL, SH 2432 N. STATE R		Title: Name: Address:	() Change () Addition	

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.

City-St-Zip:

SIGNATURE: RALPH DORSAINVIL CEO 10/05/2009