

# **2012 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P10000001248

**FILED**  
**Feb 14, 2012**  
**Secretary of State**

**Entity Name:** BLONDIES BEAUTY SUPPLY, INC.

**Current Principal Place of Business:**

515 NORTH FLAGLER DRIVE SUITE 802  
WEST PALM BEACH, FL 33401

**New Principal Place of Business:**

2701 VISTA PARKWAY  
A-6  
WEST PALM BEACH, FL 33411 PB

**Current Mailing Address:**

515 NORTH FLAGLER DRIVE SUITE 802  
WEST PALM BEACH, FL 33401

**New Mailing Address:**

2701 VISTA PARKWAY  
A-6  
WEST PALM BEACH, FL 33411 PB

**FEI Number:** 27-1639924

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

FILINGS, INC.  
3732 N.W. 16TH STREET  
FT. LAUDERDALE, FL 333114132 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:** ARTHUR SCORPIO

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** D  
**Name:** SCORPIO, ARTHUR  
**Address:** 2701 VISTA PARKWAY  
**City-St-Zip:** WEST PALM BEACH, FL 33411 PB

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:** ARTHUR SCORPIO

DIR

02/14/2012

Electronic Signature of Signing Officer or Director

Date