

# 2013 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P11000014151

**FILED**  
**May 28, 2013**  
**Secretary of State**

**Entity Name:** SABA STYLE SALON , CORP.

**Current Principal Place of Business:**

10640 NW 27 STREET  
102  
DORAL, FL 33172 US

**New Principal Place of Business:**

2682 NW 97 AV  
DORAL, FL 33172 US

**Current Mailing Address:**

10640 NW 27 STREET  
102  
DORAL, FL 33172 US

**New Mailing Address:**

2682 NW 97 AV  
DORAL, FL 33172 US

**FEI Number:** 27-4873701

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SABA, JUAN  
10640 NW 27 STREET  
102  
DORAL, FL 33172 US

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

SABA, JUAN  
2682 NW 97 AV  
DORAL, FL 33172 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: JUAN J SABA

05/28/2013

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

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: SABA, JUAN  
Address: 2682 NW 97 AV  
City-St-Zip: DORAL, FL 33172 US

Title: VP  
Name: VALLEJO, MARIA  
Address: 2682 NW 97 AV  
City-St-Zip: DORAL, FL 33172 US

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: JUAN J SABA

SR

05/28/2013

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

\_\_\_\_\_  
Date