

# **2012 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P11000051930

**FILED**  
**Oct 24, 2012**  
**Secretary of State**

**Entity Name:** CABELLO'S HAIR & NAIL STUDIO AND THE SPA INC

**Current Principal Place of Business:**

1240 THOMASVILLE RD  
#201  
TALLAHASSEE, FL 32303

**New Principal Place of Business:**

**Current Mailing Address:**

1240 THOMASVILLE RD  
#201  
TALLAHASSEE, FL 32303

**New Mailing Address:**

**FEI Number:** 61-1652661

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CRUMP, LOREENA J  
5133 WILD ROSE WAY  
TALLAHASSEE, FL 32312 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:** PRESIDENT LOREENA CRUMP

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** CRUMP, LOREENA J  
**Address:** 5133 WILD ROSE WAY  
**City-St-Zip:** TALLAHASSEE, FL 32312

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:** PRESIDENT LOREENA CRUMP

PRES

10/24/2012

Electronic Signature of Signing Officer or Director

Date