

# **2014 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P11000077778

**FILED**  
**Oct 09, 2014**  
**Secretary of State**

**Entity Name:** EUROHAIR INTERNATIONAL PRODUCTS, INC.

**Current Principal Place of Business:**

5313 NW 79 AVENUE  
DORAL, FL 33166

**New Principal Place of Business:**

**Current Mailing Address:**

5313 NW 79 AVENUE  
DORAL, FL 33166

**New Mailing Address:**

**FEI Number:** 45-3512362

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

INFANTE, PABLO  
4728 NW 114 AVENUE  
APT. # 202  
DORAL, FL 33178 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:** PABLO INFANTE

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

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** INFANTE, PABLO  
**Address:** 4728 NW 114 AVENUE, APT. # 202  
**City-St-Zip:** DORAL, FL 33178

**Title:** VP  
**Name:** GIMENEZ, YUSMARY  
**Address:** 5313 NW 79 AVENUE  
**City-St-Zip:** DORAL, FL 33166

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:** PABLO INFANTE

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

P

10/09/2014

\_\_\_\_\_  
Date