

# **2012 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P11000097420

**FILED**  
**Oct 02, 2012**  
**Secretary of State**

**Entity Name:** HONEYCOMB SALON CORPORATION BY FANCY NANCY

**Current Principal Place of Business:**

4335 LUCERA ROAD  
JACKSONVILLE, FL 32244

**New Principal Place of Business:**

4465 WOODMERE STREET  
JACKSONVILLE, FL 32210

**Current Mailing Address:**

4335 LUCERA ROAD  
JACKSONVILLE, FL 32244

**New Mailing Address:**

4465 WOODMERE STREET  
JACKSONVILLE, FL 32210

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HAYNES, NANCY E  
4335 LUCERA ROAD  
JACKSONVILLE, FL 32244 US

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

HAYNES, NANCY E  
4289 RAPALLO ROAD  
JACKSONVILLE, FL 32244 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: NANCY E. HAYNES

10/02/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: HAYNES, NANCY E  
Address: 4289 RAPALLO ROAD  
City-St-Zip: JACKSONVILLE, FL 32244

Title: VP  
Name: HAYNES, KEVIN D  
Address: 4289 RAPALLO ROAD  
City-St-Zip: JACKSONVILLE, FL 32244

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: NANCY E. HAYNES

P

10/02/2012

Electronic Signature of Signing Officer or Director

Date