

# **2010 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P93000014364

**FILED**  
**Oct 01, 2010**  
**Secretary of State**

**Entity Name:** NEW CONCEPT MASSAGE & BEAUTY SCHOOL, INC.

**Current Principal Place of Business:**

2022 S.W. 1 STREET  
MIAMI, FL 33135

**New Principal Place of Business:**

**Current Mailing Address:**

2022 S.W. 1 STREET  
MIAMI, FL 33135

**New Mailing Address:**

**FEI Number:** 65-0401238

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

VAZQUEZ, MARIA MERCEDES  
2011 SW 16 TERRACE  
MIAMI, FL 33145 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:** MARIA MERCEDES VAZQUEZ

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** PD  
**Name:** VAZQUEZ, MARIA MERCEDES  
**Address:** 2011 S.W. 16TH TERR.  
**City-St-Zip:** MIAMI, FL 33145

**Title:** T  
**Name:** GARCIA, IGNACIO  
**Address:** 12803 SW 48 TERRACE  
**City-St-Zip:** MIAMI, FL 33145

**Title:** VP  
**Name:** GARCIA, ALEXANDER  
**Address:** 1201 SW 124TH COURT  
**City-St-Zip:** MIAMI, FL 33145

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:** MARIA MERCEDES VAZQUEZ

PD

10/01/2010

Electronic Signature of Signing Officer or Director

Date