## **2006 FOR PROFIT CORPORATION**

page 10th FILE.D REINSTATEMENT DOCUMENT # P94000024127 2006 JUL 18 AM 11: 32 ABOUT HAIR DESIGNS, INC. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address **ABOUT HAIR DESIGN** ABOUT HAIR DESIGN 1301 S. PATRICK DR. 1301 S. PATRICK DR. SATELLITE BEACH, FL 32937 SATELLITE BEACH, FL 32937 cinal Place of Business CR2E098 (11/05) 07052006 4. FEI Number Applied For 59-3243953 Not Applicable Country Brevarc \$8.75 Additional 5. Certificate of Status Desired  $\Box$ Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent 165 Bland Viewa ROHLINGER, DEBBY 4585 WILLOW BEND DR Indian Harbour Beach MELB., FL 32937 Fl. 32437 8. 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. I am familiar with, and accept the obligations of registered agent 7-9-06 SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$900.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. **DPVS** Delete TITLE Change Addition HILE ROHLINGER, DEBBY NAME NAME 100079068 /27/06--01050--021 STREET ADDRESS 4585 WILLOW BEND DR STREET ADDRESS \*\*300.00 CITY \$1 ZP SATELLITE BEACH, FL 32035 CITY-ST-ZIP ☐ Change Addition MLL TILLE 165 Bland View dr. NAME TATAL Harbour Beach 5/293 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP Change Addition TITLE NAMI-STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY ST ZIP ☐ Change Addition TITLE HILL NAME NAMÉ STRICTIVEDRESS STREET ADDRESS CHY ST ZIP IIILE , TITLE ☐ Change Addition NAME MAME STREET ADDRESS STHEET ADDRESS CITY \$1 7P CITY-ST-ZIP Addition ☐ Change Delete 1fflE THE NAME MAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY ST Z2 12. I hereby certify that the information supplied with this tiling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if

changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

payerute

Florida Department of State Division of Corporations

07-09-07

Thank you for sending me this form to fill out, I have noticed that the wrong address was put on the form so I am correcting this at this time. I think that the reason the form didn't come was because the address was not correct. I have submitted an address change and have enclosed a check for \$300.00 for the reinstatement fee, thank you in advance for all your help. If you have any questions please call me at 321-779-5043 or 321-773-3686.

Sincerely

Debby Rohlinger

President of About Hair Design's Inc.

1301 S. Patrick Dr

Satellite Beach, Fl. 32937