

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P94000027129

FILED
Sep 25, 2007
Secretary of State

Entity Name: BEAU MONDE HAIR SALON, INC.

Current Principal Place of Business:

165 WEKIVA SPRINGS ROAD
SUITE 111
LONGWOOD, FL 32779

New Principal Place of Business:

689 DOUGLAS AVE
SUITE#101
ALTAMONTE SPRINGS, FL 32714

Current Mailing Address:

165 WEKIVA SPRINGS ROAD
SUITE 111
LONGWOOD, FL 32779

New Mailing Address:

689 DOUGLAS AVE
SUITE 101
ALTAMONTE SPRINGS, FL 32714

FEI Number: 59-3233441

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RICHARDS, GALE
165 WEKIVA SPRINGS ROAD
SUITE 111
LONGWOOD, FL 32779 US

Name and Address of New Registered Agent:

RICHARDS, GALE
689 DOUGLAS AVE
SUITE 101
ALTAMONTE SPRINGS, FL 32714 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: GALE RICHARDS

09/25/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: RAINONE, LAWRENCE
Address: 165 WEKIVA SPRINGS ROAD, SUITE 111
City-St-Zip: LONGWOOD, FL 32779

Title: VP () Delete
Name: RICHARDS, GALE
Address: 165 WEKIVA SPRINGS ROAD, STE 111
City-St-Zip: LONGWOOD, FL 32779

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: RAINONE, LAWRENCE
Address: 689 DOUGLAS AVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: VP (X) Change () Addition
Name: RICHARDS, GALE
Address: 689 DOUGLAS AVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: LAWRENCE RAINONE

P

09/25/2007

Electronic Signature of Signing Officer or Director

Date