

# **2012 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P95000073150

**Entity Name:** CISEAUX HAIR STUDIO, INC.

**FILED**  
**Oct 03, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

658 N WYMORE RD  
WINTER PARK, FL 32789 US

**New Principal Place of Business:**

**Current Mailing Address:**

658 N WYMORE RD  
WINTER PARK, FL 32789 US

**New Mailing Address:**

**FEI Number:** 59-3343211

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WEBBER, ARLENE  
658 NORTH WYMORE ROAD  
WINTER PARK, FL 32789 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:** ARLENE WEBBER

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

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** VP  
**Name:** WEBBER, ARLENE  
**Address:** 1037 GOLF VALLEY DRIVE  
**City-St-Zip:** APOPKA, FL 32712 US

**Title:** PRES  
**Name:** IMBESI, CATHERINE  
**Address:** 1031-EDGEWATER DR  
**City-St-Zip:** ORLANDO, FL 32804 US

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:** ARLENE WEBBER

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

VP

10/03/2012

\_\_\_\_\_  
Date