2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P97000037818

20 HANCOCK CT.

SETAUKET, NY 11720

Address:

City-St-Zip:

Entity Name: SOUTHERN STAR SALON SERVICES, INC.

FILED Oct 01, 2009 Secretary of State

		IN OTAR CALCITOLINATED	, 11 10.		
Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
257 BRYA DANIA, FL					
Current M	lailing Addres	ss:	New Mailing Address	New Mailing Address:	
385 OSER HAUPPAL	RAVE JGE, NY 1178	8			
FEI Number	: 58-2327224	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
155 OFFIC SUITE A	FILING & SEA DE PLAZA DR. SSEE, FL 323				
	e named entity e of Florida.	submits this statement for the p	ourpose of changing its registered	d office or registered agent, or both,	
SIGNATU	RE: DONNA:	SANDERS			
	Electror	nic Signature of Registered Age	ent	Date	
		3(2)(b), F.S., the corporation did no g Trust Fund Contribution ().	ot receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	COHEN, JEFF) Delete S AVE APT 2501 FL 33160	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	T (CARAVELLA, L 37 SUMMET D SMITHTOWN, I	RIVE	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	S (KANTERMAN, I 225 CHERRY F EAST MEADOV	PLACE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	S () SUDALEY, MIK) Delete Œ	Title: Name:	() Change () Addition	

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.

Address:

City-St-Zip:

SIGNATURE: MICHAEL SUDALEY VP 10/01/2009