


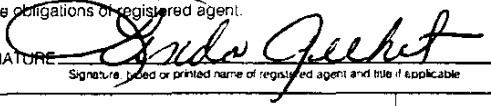
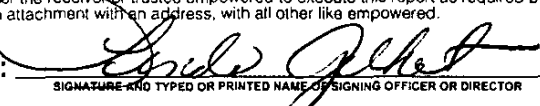
2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED

08 DEC -8 PM 3:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # P97000059647			
1. Entity Name ARTISTIC HOUSE OF BEAUTY, INC.			
Principal Place of Business P.O. BOX 1585 KEY LARGO, FL 33037		Mailing Address P.O. BOX 1585 KEY LARGO, FL 33037	
2. Principal Place of Business - No P.O. Box # 100460 OVERSEAS HWY Suite, Apt. #, etc. Box 7		3. Mailing Address 100460 OVERSEAS HWY Suite, Apt. #, etc. Box 7	
City & State KEY LARGO, FLORIDA		City & State KEY LARGO, FL	
Zip 33070	Country USA	Zip 33070	Country 33070
6. Name and Address of Current Registered Agent JAECKLE, SUSAN 313 2ND TERRACE KEY LARGO, FL 33037		7. Name and Address of New Registered Agent Name LINDA GELHOT Street Address (P.O. Box Number is Not Acceptable) 118 A GARDEN STREET City TAVERNIER FL Zip Code 33070	
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. SIGNATURE  (NOTE: Registered Agent signature required when reinstating) DATE			
FILE NOW!!! FEE IS \$150.00 After January 1, 2009, Fee will be \$300.00		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD JAECKLE, SUSAN 313 2ND TERRACE KEY LARGO, FL 33037 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD LINDA GELHOT 118 A GARDEN STREET TAVERNIER, FL 33070 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000138686660 12/08/08--01043--011 **158.75 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing 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:  12/2/08 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			

12/8/08