

# **2014 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P98000040776

**FILED**  
**Nov 03, 2014**  
**Secretary of State**

**Entity Name:** EDOUARD DE PARIS HAIR SALON, INC.

**Current Principal Place of Business:**

2600 S DOUGLAS RD  
PH 6  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

4833 COLLINS AVE  
MIAMI BEACH, FL 33140

**Current Mailing Address:**

2600 S DOUGLAS RD  
PH 6  
CORAL GABLES, FL 33134

**New Mailing Address:**

4833 COLLINS AVE  
MIAMI BEACH, FL 33140

**FEI Number:** 65-0837874

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PADIAL, JOSE I PA  
2600 S DOUGLAS ROAD  
PH 6  
CORAL GABLES, FL 33134 US

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

VERA, SHIRLEY A  
4833 COLLINS AVE  
MIAMI BEACH, FL 33140 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: SHIRLEY A VERA

11/03/2014

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: VERA, SHIRLEY A  
Address: 4833 COLLINS AVE  
City-St-Zip: MIAMI, FL 33140

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: SHIRLEY A VERA

PD

11/03/2014

Electronic Signature of Signing Officer or Director

Date