

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P98000046297

FILED  
Oct 18, 2005  
Secretary of State

**Entity Name:** HAIR TECHNOLOGY OF JACKSONVILLE, INC.

**Current Principal Place of Business:**

HAIR TECHNOLOGY OF JACKSONVILLE, INC.  
6028 MERRILL RD  
JACKSONVILLE, FL 32271 US

**New Principal Place of Business:**

**Current Mailing Address:**

3241 ABBEY FIELD LN  
JACKSONVILLE, FL 32277

**New Mailing Address:**

**FEI Number:** 59-3509581

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LEGGETT, JULIA A  
3241 ABBEYFIELD LN  
JACKSONVILLE, FL 32277 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: JULIA LEGGETT

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: LEGGETT, JULIA A  
Address: 3241 ABBEYFIELD LN  
City-St-Zip: JACKSONVILLE, FL 32277

Title: DS ( ) Delete  
Name: LEGGETT, ALFRED JR  
Address: 3241 ABBEYFIELD LN  
City-St-Zip: JACKSONVILLE, FL 32277

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JULIA LEGGETT

Electronic Signature of Signing Officer or Director

OWNE

10/18/2005

Date