

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P99000021571 1. Entity Name NADIA AESTHETIC SALON INC.						FILED 04 NOV 12 PM 4:17 SECRETARY OF STATE TALLAHASSEE, FLORIDA			
Principal Place of Business 1532 STICKNEY POINT ROAD SARASOTA, FL 34231				Mailing Address PO BOX 3319 SARASOTA, FL 34230 <i>NO longer</i>					
2. Principal Place of Business		3. Mailing Address		11032004 REIN-P CR2E098 (6/04)					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 65-0904940		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable			
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
Zip	Country	Zip	Country						
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
OLAJOS, NADIA M 3710 PIN OAKS ST. SARASOTA, FL 34232				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>					
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, 2005, 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	P OLAJOS, NADIA 3710 PIN OAKS ST. SARASOTA, FL 34232 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	100042693371 11/12/04--01048--022 **150.00 <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 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 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: <i>Nadia Olaus</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<i>11/10/04</i> <small>Date</small>				<i>941-927-8405</i> <small>Daytime Phone #</small>	