

# 2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED

08 FEB 11 PM 1:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # V32840

1. Entity Name  
STUDIO 209 SALON, INC.



Principal Place of Business  
209 N COUNTRY CLUB ROAD  
LAKE MARY, FL 32746

Mailing Address  
209 N COUNTRY CLUB ROAD  
LAKE MARY, FL 32746

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01222008

REINSTATEMENT

07-08

4. FEI Number  
59-3131852

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

RAMOS, MARI  
209 N COUNTRY CLUB ROAD  
LAKE MARY, FL 32746

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 Mari Ramos

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$300.00

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

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
NAME RAMOS, MARI  
STREET ADDRESS 414 W LAKE VIEW RD  
CITY - ST - ZIP LAKE MARY, FL 32746

TITLE D ☐ Delete  
NAME RAMOS, ROBERTO F  
STREET ADDRESS 414 W LAKE VIEW RD  
CITY - ST - ZIP LAKE MARY, FL 32746

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
800116246758  
01/28/08--01043--004 \*\*150.00

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
800116246758  
02/20/08--01007--001 \*\*150.00

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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: Mari Ramos

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-20-08

Date

Daytime Phone #