


2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P01000110097	
1. Entity Name CARIBBEAN SPA & SALON, INC.	

Principal Place of Business 1605 N.W. FEDERAL HWY STUART, FL 34994	Mailing Address 407 SW KABOT AVE. PORT ST. LUCIE, FL 34953
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

FILED
04 DEC 21 PM 4: 13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



12132004 REIN-P CR2E098 (6/04)

4. FEI Number 26-0002161	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent FERRARA, MILDRED 407 SW KABOT AVE. PORT ST. LUCIE, FL 34953	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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
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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.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS FERRARA, MILDRED 407 SW KABOT AVE. PORT ST. LUCIE, FL 34953 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FERRARA, FRANCIS M 407 SW KABOT AVE. PORT ST. LUCIE, FL 34953 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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
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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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

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: Francis M. Ferrara 12/16/04 772-336-3764
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

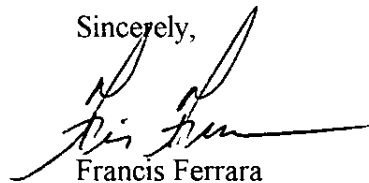
Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

RE: Caribbean Spa & Salon, Inc.
P01000110097
FEIN: 26-0002161

Dear Sir or Madam:

Enclosed you will find the reinstatement form for our corporation. We were completely unaware that our corporation had lapsed in the eyes of the State. To our knowledge, we had never received the form in the mail this year. We had no intention of allowing this to happen. We would request that you in light of this situation that you would re-instate Caribbean Spa & Salon, Inc. as quickly as possible without penalty. Thank you for your time and attention in this matter.

Sincerely,

A handwritten signature in black ink, appearing to read "Francis Ferrara", with a long horizontal flourish extending to the right.

Francis Ferrara