

# **2005 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P02000056477

Entity Name: UTOPIA SALON & SPA, INC.

**FILED**  
**Oct 06, 2005**  
**Secretary of State**

**Current Principal Place of Business:**

739 N. FEDERAL HWY.  
STUART, FL 34994

**New Principal Place of Business:**

**Current Mailing Address:**

739 N. FEDERAL HWY.  
STUART, FL 34994

**New Mailing Address:**

FEI Number: 30-0080839

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MANISCALCO, GINA  
739 N. FEDERAL HWY.  
STUART, FL 34994 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: GINA MANISCALCO

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: P ( ) Delete  
Name: MANISCALCO, GINA  
Address: 739 N. FEDERAL HWY.  
City-St-Zip: STUART, FL 34994

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

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: GINA MANISCALCO

Electronic Signature of Signing Officer or Director

PRES

10/06/2005

Date