2005 FOR PROFIT CORPORATION REINSTATEMENT

REINSTATEMENT								FI	1 ~			
DOCUMENT # P03000081045 1. Entity Name							O5 NOV 28 AM II: 03 TALLAHASSEE, FLORIDA					
ACQUALUNA SALON, INC.							TAL	ECHELLANA AMIL	AM //	: 03		
Principal Plac					~~55E	FIOA!	E					
1913 PONCE CORAL GABL			1913 PONCE DE LEON BLVD. CORAL GABLES, FL 33134						~ U17/[⁾ 4		
2. Principal P		ess	3. Mailing Address									
Suite, Apt.			Suite, Apt. #, etc.			_	11182005	REIN-P	CR2E	098 (6/04)	atan ray 1	
City & State			City & State			4. FEI Numbe 86-1074			No	plied For t Applicable		
Zip		Country	Zip	atry	5. Certificate of Status Desired \$8.75 Additional Fee Required							
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent						
COURSE .	- Total	5	Name									
LÍVIERO, DOMENICO D 1913 PONCE DE LEON BLVD. CORAL GABLES, FL 33134					Street Address (P.O. Box Number is Not Acceptable)							
					City	Zip Code					······································	
4.0. Thu about								h in the Ctote of F	FL	· I .		
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.												
The same												
Signature speed or printing name of regulared agent and life if applicable. (NOTE: Registered Agent algent algent are required when reinstating) DATE												
		EE IS \$750.00 06, Fee will be \$900.0	0									
10.		OFFICERS AND I	DIRECTORS	11.			ADDITIONS/	CHANGES TO OF	FICERS AND	DIRECTORS	S IN 11	
TITLE	Р		☐ Deteta	πц	1	_				Change	☐ Addition	
NAME	LIMERO,	RE	R	FINS	TATEN	CIV	00					
STREET ADDRESS CITY-ST-ZIP	1913 PON CORAL G	EET ADDRESS -ST-ZIP	n 11				-					
TITLE	V	VIDECO, 1 E 00101	Delete	TITL			.	T. Roberts	NUN 3	rin 8005	Addition	
NAME	PRIETO, NINFA				- I				1101 2	A [03]		
STREET ADDRESS	1913 PON	TET ADDRESS										
CITY-ST-ZIP	CORAL G	-ST-ZIP										
TITLE NAME		DOMENICO D	☐ Delete	TITLE						☐ Change	Addition	
STREET ADDRESS	1	ICE,DE,LEON,BLVD			ET ADDRESS							
CITY-ST-ZIP		ABLES, FL 33134			-ST-ZIP			·				
TITLE NAME	S PRIETO, I	NINFA	☐ Delete	TITLE						Change	Addition	
STREET ADDRESS		ICE DE LEON BLVD.		STRE	ET ADDRESS		11/28/	00617 0501059		i≤+ r **150.i	nn 1	
CITY-ST-ZIP	CORAL G	ABLES, FL 33134		CITY	-ST-ZP		141 150					
TITLE NAME	1		Delete	TITLE NAME						☐ Change	Addition	
STREET ADDRESS	<u> </u>				EET ADDRESS							
CITY-ST-ZIP	<u> </u>			CITY	-ST-ZIP							
TITLE			☐ Delete	TITLE NAM						Change	☐ Addition	
NAME STREET ADDRESS					ET ADDRESS						ļ	
CITY-ST-ZIP				СПҮ	'-ST-ZIP						. 1	
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: MAN												

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November 18, 2005

Secretary of State Division of Corporations Annual Report Section P.O. Box 68501 Tallahassee, Fl.32314

Document # P03000081045

FEI: 86-1074288

Re: ACQUALUNA SALON, INC. 1913 Ponce de Leon Blvd.

Coral Gables, Florida 33134

Gentleman:

Enclosed please find copy of Uniform Business Report, and a check in the amount of \$ 150.00 I never received the form to file it.

Please abate any penalties since we never received the form.

Thanking you for you prompt attention in this matter.

Cordially,

Acqualuna Salon, Inc.

Domenico D. Liviero