

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000059350

1. Entity Name
PAULIGI SKIN & BODY DAY SPA, INC.



FILED

2007 OCT 25 PM 12:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

10710 NW 66 STREET
NO. 413
DORAL, FL 33178

Mailing Address

10710 NW 66 STREET
NO. 413
DORAL, FL 33178

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

10710 NW 66 STREET
Suite, Apt. #, etc.
NO. 413

3. Mailing Address

10710 NW 66 STREET
Suite, Apt. #, etc.
NO. 413

City & State

Doral, FL

City & State

Doral FL

Zip
33178

Country

Dade

Zip

33178

Country

Dade

10202007

REIN-P

CR2E098 (1/07)

4. FEI Number

57-1203289

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SILVERA, ROXANA
10885 NW 50 ST # 112
MIAMI, FL 33178

7. Name and Address of New Registered Agent

Name

Silvera Roxana

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

10885 NW 50 ST # 112

City

Miami

FL

Zip Code

33178

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

Roxana Silvera

(NOTE: Registered Agent signature required when reinstating)

DATE

10/15/07

FILE NOW!!! FEE IS \$150.00

After January 1, 2008, 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

TITLE PD
NAME SILVERA, ROXANA
STREET ADDRESS 10885 NW 50 ST # 112
CITY-ST-ZIP MIAMI, FL 33178 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

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:

Roxana Silvera

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/15/07

Daytime Phone #

10/26/07