

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000081385

FILED
Oct 16, 2005
Secretary of State

Entity Name: XCAPE DAY SPA AND HAIR STUDIO,INC.

Current Principal Place of Business:

6242 C. DURHAM DRIVE
LAKE WORTH, FL 33467

New Principal Place of Business:

4550 LANTANA ROAD
LAKE WORTH, FL 33463

Current Mailing Address:

6242 C. DURHAM DRIVE
LAKE WORTH, FL 33467

New Mailing Address:

3668 MIRAMONTES CIRCLE
WELLINGTON, FL 33414

FEI Number: 20-1151101

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HUNTE, STEPHANIE
6242 C. DURHAM DRIVE
LAKE WORTH, FL 33467 US

Name and Address of New Registered Agent:

HUNTE, STEPHANIE
3668 MIRAMONTES CIRCLE
WELLINGTON, FL 33414 US

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: STEPHANIE HUNTE

10/16/2005

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: HUNTE, STEPHANIE
Address: 6242 C. DURHAM DRIVE
City-St-Zip: LAKE WORTH, FL 33467

Title: VP () Delete
Name: AUSTIN, BRENDA P
Address: 3668 MIRAMONTES CR.
City-St-Zip: WELLINGTON, FL 33414

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: HUNTE, STEPHANIE
Address: 3668 MIRAMONTES CIRCLE
City-St-Zip: WELLINGTON, FL 33414

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: STEPHANIE HUNTE

P

10/16/2005

Electronic Signature of Signing Officer or Director

Date