

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000114718

1. Entity Name  
ELAN LUCA SALON, INC.



FILED

05 NOV 23 AM 11:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
9595 BARLETTA WINDS POINT  
DELRAY BEACH, FL 33446

Mailing Address  
9595 BARLETTA WINDS POINT  
DELRAY BEACH, FL 33446



2. Principal Place of Business

3. Mailing Address

1101 BEL AIR DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

APT. A

10252005 REIN-P CR2E098 (6/04)

City & State

City & State

HIGHLAND BEACH, FL

4. FEI Number

35-2251744

Applied For

Not Applicable

Zip

Country

Zip

33487

Country

USA, FLA Beach

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

MALLINGER, MARTIN R  
COMPSON FINANCIAL CENTER, SUITE 302  
980 NORTH FEDERAL HIGHWAY  
BOCA RATON, FL 33432-2704

Name

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

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After January 1, 2006, 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DPT  
NAME BOCCIA, ALBERT L  
STREET ADDRESS 9595 BARLETTA WINDS POINT  
CITY-ST-ZIP DELRAY BEACH, FL 33446

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE DVPS  
NAME LEVY, ELAN  
STREET ADDRESS 1101 BEL-AIR DRIVE  
CITY-ST-ZIP HIGHLAND BEACH, FL 33487

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/21/05 3014169595

Date

Daytime Phone #