

**2006 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P05000111226

**FILED  
Sep 27, 2006  
Secretary of State**

**Entity Name:** SKIN DEEP PROFESSIONAL SKIN CARE STUDIO & BODY SPA, INC.

**Current Principal Place of Business:**

2808 SE IRIS STREET  
STUART, FL 34997

**New Principal Place of Business:**

4635 SE DIXIE HWY.  
STUART, FL 34997

**Current Mailing Address:**

2808 SE IRIS STREET  
STUART, FL 34997

**New Mailing Address:**

4635 SE DIXIE HWY.  
STUART, FL 34997

**FEI Number:** 11-3758348

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PUGLISI, CHRISTINE  
3140 SE BROOK STREET  
STUART, FL 34997 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: CHRISTINE PUGLISI

\_\_\_\_\_  
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: PD ( ) Delete  
Name: PUGLISI, CHRISTINE  
Address: 3140 SE BROOK ST  
City-St-Zip: STUART, FL 34997

**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 Chapter 119, 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: CHRISTINE PUGLISI

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

PD

09/27/2006

\_\_\_\_\_  
Date