

# **2012 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P06000000259

**Entity Name:** OMNI SALON & SPA, INC.

**FILED**  
**Mar 12, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

3832 BAYMEADOWS RD  
8  
JACKSONVILLE, FL 32217

**New Principal Place of Business:**

**Current Mailing Address:**

14412 ELLISONS CAVE LANE  
JACKSONVILLE, FL 32258

**New Mailing Address:**

**FEI Number:** 20-4068868

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DELVECCHIO, GINA  
14412 ELLISONS CAVE LANE  
JACKSONVILLE, FL 32258 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: GINA DELVECCHIO

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PST  
Name: DELVECCHIO, GINA  
Address: 14412 ELLISONS CAVE LANE  
City-St-Zip: JACKSONVILLE, FL 32258

I hereby 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 all other like empowered.

SIGNATURE: GINA DELVECCHIO

PRES

03/12/2012

Electronic Signature of Signing Officer or Director

Date