

# 2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

09 APR 28 PM 2:52



04092009 REIN-P CR2E098 (1/07)

**DOCUMENT # P06000094861**

1. Entity Name  
**SBARRA'S DAY SPA SERVICES, INC.**

Principal Place of Business  
**15951 CAPTIVA DRIVE  
CAPTIVA, FL 33924**

Mailing Address  
**15951 CAPTIVA DRIVE  
CAPTIVA, FL 33924**

2. Principal Place of Business - No P.O. Box #  
**14830 Captiva Dr.**

3. Mailing Address  
**802 Elinor Way**

Suite, Apt. #, etc.

City & State  
**Captiva, FL**

City & State  
**Sanibel, FL**

Zip  
**33924**

Country  
**Lee**

Zip  
**33957**

Country  
**Lee**

4. FEI Number  
**20-5266639**

APPLIED FOR

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SBARRA, AMY**  
~~**15951 CAPTIVA DRIVE**~~  
~~**CAPTIVA, FL 33924**~~

**802 Elinor Way**  
**Sanibel, FL**  
**33957**

7. Name and Address of New Registered Agent

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 DATE **4.8.09**

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SBARRA, AMY</b> <del><b>15951 CAPTIVA DRIVE</b></del> <b>802 Elinor Way</b> <b>CAPTIVA, FL 33924</b> <b>Sanibel, FL 33957</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>800150075548</b> <b>04/15/09--01001--019 **150.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>800150075548</b> <b>04/28/09--01046--013 **150.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>BS 5/1/09</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>08-09</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>REINSTATEMENT</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: DATE **4.8.09** 239.472.0143

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR