

# **2004 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P98000064428

Entity Name: CAPELLI DESIGNS SALON INC.

**FILED**  
**Oct 25, 2004**  
**Secretary of State**

**Current Principal Place of Business:**

4300 U.S. HIGHWAY 1, STE. 310  
JUPITER, FL 33477

**New Principal Place of Business:**

**Current Mailing Address:**

4300 U.S. HIGHWAY 1, STE. 310  
JUPITER, FL 33477

**New Mailing Address:**

FEI Number: 65-0848757

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LIGHTMAN MGA, HAROLD M  
5700 PGA BLVD  
STE 201B  
PALM BEACH GARDENS, FL 33410 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: \_\_\_\_\_

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: GILBERTI, LUISA  
Address: 5 PRINCEWOOD LN.  
City-St-Zip: PALM BEACH GARDENS, FL 33410

**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 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: LUISA GILBERTI

P

10/25/2004

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

\_\_\_\_\_  
Date