

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 31 AM 10:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000063560

1. Corporation Name

SUAVE RELAXING, MASSAGE THERAPY, INC.

Principal Place of Business

Mailing Address

1825 W. 44TH PLACE APT. 406
HIALEAH FL 33012

1825 W. 44TH PLACE APT. 406
HIALEAH FL 33012



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

48080

Macomb

~~REINSTATEMENT~~ 03

4. Date Incorporated or Qualified To Do Business in Florida

06/26/2001

5. FEI Number

65-1117958

Applied For
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	GUATAME, STELLA	1825 W. 44TH PLACE APT. 406	HIALEAH FL 33012

100024329861
10/31/03--01027--006 **758.75

Stella Guatame

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GUATAME, STELLA
1825 W. 44TH PLACE APT. 406
HIALEAH FL 33012

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent

Stella Guatame **SIGNATURE REQUIRED**

REGISTERED AGENT MUST SIGN

Date

oct 27 / 2003

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Stella Guatame **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

oct 27 / 2003

CR2E040 (7/03)