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03 DEC 15 PH 1:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT 03  
600025463196  
12/12/03--01049--024 \*\*150.00

**CORPORATION REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P02000017989

1. Corporation Name  
TAMPA BAY SPAS, INC.

2. Principal Office Address  
210 South Kings Avenue

3. Mailing Office Address

Suite, Apt. #, etc.  
Suite N.

City & State  
Brandon, Florida

City & State

Zip 33594 Country USA

4. Date Incorporated or Qualified To Do Business in Florida 02/07/2002

5. FEI Number 04-3609081 Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name David B. Corson

Street Address (P.O. Box Number is Not Acceptable) 4602 River Overlook Drive

Suite, Apt. #, Etc.

City Valrico State FL Zip Code 33594

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent *David B. Corson* Director Date 10/10/03

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Director	Gerald J. Raga, Jr.	14912 Heronglen Dr	Lithia, FL 33547
Director	Karen K. Raga	14912 Heronglen Dr	Lithia, FL 33547
Director	David B. Corson	4602 River Overlook Drive	Valrico, Florida 33594
Director	Elizabeth A. Corson	4602 River Overlook Drive	Valrico, Florida 33594

10. 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: *David B. Corson* Director Date 10/10/03 Daytime Phone # 813-654-9300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Division Of Corporations  
409 East Gaines Street  
Tallahassee, Fl. 32399

Please accept our attached form. Our records indicate that we never recieved notification to reinstate this year. As a new corporation we were unaware that we missed this process. Enclosed is our corporation reinstatement form

Thank-you