

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/2

APPLICATION FOR REINSTATEMENT



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

APPROVED AND FILED

DOCUMENT # P02000091290

03 OCT 14 AM 11:50

1. Corporation Name

ADVANCED H2O MASSAGE, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
REINSTATEMENT 2003
WOF

Principal Place of Business

Mailing Address

3737 OUTRIGGER CT
FT PIERCE FL 34946

3737 OUTRIGGER CT
FT PIERCE FL 34946

[Handwritten mark]



500023791345
10/14/03--01056--034 **175.00

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

4. Date Incorporated or Qualified To Do Business in Florida

08/22/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

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	SOLESKY, THERESA	3737 OUTRIGGER CT	FT PIERCE FL 34946
D	SOLESKY, DAVID	3737 OUTRIGGER CT	FT PIERCE FL 34946

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SOLESKY, THERESA
3737 OUTRIGGER CT
FT PIERCE FL 34946

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

[Handwritten Signature]

Date

10/10/03

REGISTERED AGENT MUST SIGN

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

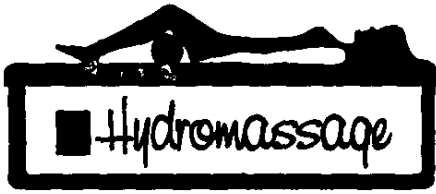
[Handwritten Signature]
10/10/03

Date

Daytime Phone #

772 466 1125

CR2E040 (7/03)




Advanced H2O Massage, Inc.

282

10/10/03

To Whom it may Concern:

Please be advised we did not receive the 2 prior monthly business report notices, and please accept payment. If there are any questions please call 772 466-1175.

DAVID Solesky 
Theresa Solesky 