## 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000112092 FULFD 1. Entity Name SPA ON LOCATION, INC. 06 IMY -2 PH 2: 47 Principal Place of Business Mailing Address 2306 CYPRESS BEND DRIVE 2306 CYPRESS BEND DRIVE B-219 B-219 POMPANO BEACH, FL-33069 POMPANO BEACH: FL 33069 2. Principal Place of Business 3. Mailing Address 3217 NONTH OCEA 3217 NORTH OCEAN 2118 Suite, Apt. #, etc. Suite, Apt. #, etc. 04242006 CR2E098 (11/05) City & State City & State 4. FEI Number Applied For LAUDERDAK FL 201439003 ONT FORT Not Applicable Country \$8.75 Additional 3300 5. Certificate of Status Desired BrowARD Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MONIKA, KERESZTES Street Address (P.O. Box Number, is Not Acceptable) 2306 CYPRESS BEND DRIVE B-219 POMPANO BEACH, FL 33069 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 \_\_\_\_\_\_Signature, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating) DATE In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. FILE NOW!!! FEE IS \$300.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. **PRES** Change Addition TITLE □ Delete TITLE KERESZTES, MONIKA NAME NAME 3217 NONTHOLEADDRIVE 2306 CYPRESS BEND ROAD # B-219 STREET ADDRESS STREET ADDRESS FOLT LANDERDALS FL 33069 POMPANO BEACH, FL 33069 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE NAME BALLISTRERI, AMALLIA NAME SZIT NONTH OLEAN DRIVE FONT LANDENDAK FL 8101 LAGOS DE CAMPO BLVD STREET ADDRESS STREET ADDRESS TAMARAC, FL 33321 CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE Delete TITLE 200076158812 06/13/66--01046--009 \*\*300.00 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete ☐ Change ☐ Addition TITLE TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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. lour SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #