

# 2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P08000081332

**FILED**  
**Sep 30, 2009**  
**Secretary of State**

**Entity Name:** SHAE MARIE DAY SPA, INC.

**Current Principal Place of Business:**

1676 PROVIDENCE BLVD SUITE C  
DELTONA, FL 32725

**New Principal Place of Business:**

1675 PROVIDENCE BLVD SUITE D  
DELTONA, FL 32725

**Current Mailing Address:**

1676 PROVIDENCE BLVD SUITE C  
DELTONA, FL 32725

**New Mailing Address:**

1675 PROVIDENCE BLVD SUITE D  
DELTONA, FL 32725

**FEI Number:** 80-0458672

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

TUNNO, AUDRA  
1676 PROVIDENCE BLVD SUITE C  
DELTONA, FL 32725 US

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

TUNNO, AUDRA  
1675 PROVIDENCE BLVD SUITE D  
DELTONA, FL 32725 US

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: AUDRA TUNNO

09/30/2009

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: PS ( ) Delete  
Name: TUNNO, AUDRA  
Address: 1676 PROVIDENCE BLVD SUITE C  
City-St-Zip: DELTONA, FL 32725

Title: VPT ( ) Delete  
Name: MARTIN, LINDSEY M  
Address: 1676 PROVIDENCE BLVD SUITE C  
City-St-Zip: DELTONA, FL 32725

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PS (X) Change ( ) Addition  
Name: TUNNO, AUDRA  
Address: 1675 PROVIDENCE BLVD SUITE D  
City-St-Zip: DELTONA, FL 32725

Title: VPT (X) Change ( ) Addition  
Name: MARTIN, LINDSEY M  
Address: 1675 PROVIDENCE BLVD SUITE D  
City-St-Zip: DELTONA, FL 32725

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: AUDRA TUNNO

PS

09/30/2009

Electronic Signature of Signing Officer or Director

Date