

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1

CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
00 OCT 27 AM 10:50

DOCUMENT # P98000101431

1. Corporation Name

SPA AGUASANTA, INC.

2. Principal Office Address

419-421 N.E 4TH AVE

3. Mailing Office Address

454 N.E 4TH ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HALLANDALE . FL

City & State

BOCARATON . FL. 33432

Zip

Country

33009

U.S.A

Zip

Country

33432

U.S.A

4. Date Incorporated or Qualified To Do Business in Florida

8-30-99

5. FEI Number

6508822241

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

IDA E MARI (Business owner)

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

454 N.E 4TH STREET

Suite, Apt. #, Etc.

City

BOCARATON, Florida

State

FL

Zip Code

33432

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

Date 10-26-00

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
OWNER	IDA E. MARI	454 NE 4th Street BOCARATON	BOCARATON, FL 33432
900003463579--8 11/15/00-01012-001 ****150.00 ****150.00			

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-26-00 (561) 2123599

Date

Daytime Phone #

CR2E081 (9/99)

October 26, 2000

From: JDA E. MARI  
"SPA AQUA SANTA, INC."

FEI # 650882241

MAILING ADDRESS: 454 NE 4TH ST,  
BOCA RATON, FL, 33432

To: DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

Dear Sirs:

As per phone conversation on October 19,  
with MAS Sprather, I am enclosing a check  
for \$150<sup>00</sup> with the filled out form for reins-  
tatement. The construction of the business has  
taken way longer time than planned due  
to complications with the "builders", and  
now that finally, we are ready to open  
I realized my corporation was inactive.  
I never received the forms in the mail.  
I hope all can be solved and cleared.  
Thanks so much, JDA E. MARI.