

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L07000092699

1. Entity Name
7 DAY SPA LLC



FILED

09 SEP 23 AM 11:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
1113 EUREKA CT.
TALLAHASSEE, FL 32317

Mailing Address
1113 EUREKA CT.
TALLAHASSEE, FL 32317

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

09232009 REIN-LLC

CR2E101 (1/07)

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DO. XUAN
1113 EUREKA CT.
TALLAHASSEE, FL 32317

Name

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

City

FL

Zip Code

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

Leon

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$277.50

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM
NAME DO. XUAN
STREET ADDRESS 1113 EUREKA CT.
CITY-ST-ZIP TALLAHASSEE, FL 32317

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGRM
NAME BAKER, THI
STREET ADDRESS 3495 THOMASVILLE RD SUITE 304
CITY-ST-ZIP TALLAHASSEE, FL 32309

TITLE
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Leon

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

9-23-09

Date

Daytime Phone #