

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FILED

01 APR 24 PM 2:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 227258

1. Corporation Name

HARBOR ISLAND SPA, INC.

Mailing Address

Principal Place of Business

PMB # 916

12555 Biscayne Blvd., North Miami, Fla., 33181

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Mailing Address, If Applicable

12555 BISCAYNE BLVD.

Suite, Apt. #, etc.

#916

City & State

NORTH MIAMI, FL

Zip

33181

Country

USA

3. New Principal Office Address, If Applicable

12555 Biscayne Blvd

Suite #916

North Miami, Fla.

Zip

33181

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

08/22/1959

5. FEI Number

59-0970681

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 97-01

DO NOT WRITE IN THIS SPACE

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
C/D	ROSALEE PASKOW	10155 COLLINS AVE #1710	BAL HARBOUR, FL 33154
P/D	GEOFFREY PASKOW	2293 KEYSTONE BLVD.	N. MIAMI, FL 33181
V/D	MICHAEL PASKOW	102 MRACK RD.	DANVILLE, CA 94506
S/D	IRA B. PASKOW	1091 DEERWOOD LANE	WESTON, FL 33326

1,200.00 - ADM
61.25 - AR
88.75 - AR SUPP

1,350.00

800004275638--9
-05/22/01--01023--034
***1350.00 ***1350.00

9. Name and Address of New Registered Agent

Name

GEOFFREY PASKOW

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

2293 KEYSTONE BLVD.

Suite, Apt. #, Etc.

City

NORTH MIAMI

State

FL

Zip Code

33181

with and accept the obligations of Section 607.0505, F.S.

Date

4/21/01

10. I, being app

Signature of
Registered Agent

11. If this

(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information
on intangible tax.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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:

GEOFFREY PASKOW

305-893-3214

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (6/94)