PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

00 JUN 09 AM 9:39

SECRETARY OF STATE
TALLAHASSEE FLORIDA

CORPORATION REINSTATEMENT

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

DOCUMENT # 308949

1. Corporation Name
Relaxation, Inc.

2. Principal Office Address	3. Mailing Office Address
2135 Ringling Blvd.	same.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Sarasota, FL	City & State
Zip: 34237 Country: USA	Zip Country

REINSTATEMENT 93-00

4. Date Incorporated or Qualified To Do Business in Florida — Sept. 12, 1966

5. FEI Number — X Applied For — Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: Stephen H. Kurvin, Esq.

Street Address (P.O. Box Number is Not Acceptable): 7 South Lime Avenue

Suite, Apt. #, Etc.

City: SARASOTA Tallahassee State: FL Zip Code: 34237

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: Stephen H. Kurvin — REGISTERED AGENT MUST SIGN

Date: 5/25/2000

CR2E081 (9/99)

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
D/Pres.	Wilbur E. Schonek	843 Franco Ave.	Johnstown, PA 15905
D/T	Richard J. Green, Jr.	305 Franklin St.	Johnstown, PA 15901

500003284065--9

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: Wilbur E. Schonek — May 31, 2000 — KE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

2

THE UNITED STATES CORPORATION COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 726639 82467A

AUTHORIZATION :

COST LIMIT : $ 3175.00

ORDER DATE : June 9, 2000

ORDER TIME : 3:10 PM

ORDER NO. : 726639-005

CUSTOMER NO: 82467A

CUSTOMER: Stephen H. Kurvin, Esq
Stephen H. Kurvin, Esquire
7 South Lime Avenue

Sarasota, FL 34237

RECEIVED
00 JUN -9 PM 3:55
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILE
1ST

DOMESTIC FILINGS

NAME: RELAXATION, INC.

XX ___ REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX_____ PLAIN STAMPED COPY

CONTACT PERSON: Pollye Janisse

EXAMINER'S INITIALS KE