

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

99 SEP 30 AM 8:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **520288**

1. Corporation Name

PRINCE HEALTH SPA, INC.

Principal Place of Business

Mailing Address

C/O GRAU & COMPANY, P.A.
111 N.E. FIRST STREET, 5TH FLOOR
MIAMI, FLORIDA 33132

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

REINSTATEMENT *96-99*

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 12/15/76	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
City & State		City & State		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
Zip	Country	Zip	Country		

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
DR/PR	JORGE PRINCE	3740 S.W. 128TH AVENUE	MIAMI, FL 33175
DR/TREA	EMILIO CRUZ	6110 MAGGIORE STREET	CORAL GABLES, FL 33134

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***1200.00 ***1200.00

8. Name and Address of Current Registered Agent

JORGE PRINCE
3740 S.W. 128TH AVENUE
MIAMI, FL 33175

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City State Zip Code
FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date 9/27/99

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.

Yes ☐ No ☒

(See other side for information on intangible tax.)

12. 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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/27/99 (305) 373-0123
Date Daytime Phone #

KE