

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

00 DEC 28 PM 12: 52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **F99000006266**

1. Corporation Name

**THE SPA ALLIANCE, INC.**

Principal Place of Business

Mailing Address

P.O. BOX 720605  
SAN DIEGO CA 92172-0605

P.O. BOX 720605  
SAN DIEGO CA 92172-0605

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

12/06/1999

5. FEI Number

33-0682579

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PCD	HAYDEN, PATRICIA	986 MAGNOLIA HEIGHTS	RAMONA CA 92065
VD	MACKENZIE, SUSANNE	5058 UNIVERSITY DRIVE	SANTA BARBARA CA 93111
STD	TRACY, TAGE	14119 ROARING CAMP ROAD	PAWAY CA 92064
D	SUTTON, RAY	5370 REPECHE DRIVE, APT. 0-106	SAN DIEGO CA 92124
D	VIKAN, CYNTHIA	2025 VIA VINA	SAN CLEMENTE CA 92673

800003575498-7  
-01/25/01--01103--024  
\*\*\*\*750.00 \*\*\*\*750.00

8. Name and Address of Current Registered Agent

CORPORATE ACCESS, INC.  
236 EAST 6TH AVENUE  
TALLAHASSEE FL 32303

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

*Ray Sutton*  
REGISTERED AGENT MUST SIGN

Date

12/27/00

11. 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

Date

12/27/00

Daytime Phone #

888-679-2026

CR2E040 (8/00)