PLEASE READ ALL, INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

DIVISION OF CORPORATIONS

1. DOCUMENT # L01000000437

Name and Mailing Address

Typed or printed name of signing Managing Member/Manager

FILED

03 NOV -3 AN 8:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

0012904 01 AT 0,292 **AUTO T7 0 0615 33483-584799 NV DAY SPA AND WELLNESS CENTER, L.L.C. 816 PALM TRAIL **DELRAY BEACH FL 33483-5847**



		7					
2. New Mailing Address				4. State/Country of Formation FL			
City, State, Zip				Date Organized or Qualified To Do Business in Florida 01/09/2001			
81	ace of Business 6 PALM TRAIL ELRAY BEACH FL 33483	3. New Principal Place of Busine	New Principal Place of Business Address		6. FEI Number 65-1067068 Applied For APPLIED FOR Not Applicable		
		City, State, Zip		7. CERTIFICATE OF STATUS DESIRED S5.00 Additional Fee required for a Certificate of Status			
	8. Name and Address of Current	Registered Agent	Name and Address of New Registered Agent				
61	IALL, MARK L ESQ. 6 EAST ATLANTIC AVE. ELRAY BEACH FL 33483		Name MICHAEL G. PARIC, ESQ. Street Address (P.O. Box Number is Not Acceptable) (0 (0 N. D Y E H W4				
		3	City LANTANA FL 233462				
10. 1, bei	ng appointed the regifer of application	or/e named limited liability company,	, am familiar with an	d accept the oblig	gations of Chapter 608, F.S.	ľ	
Signature of Registered Agent Date 10-32-03 REGISTERED AGENT MUST SIGN							
11. Name	s and Street Addresses of Each Managing						
Title(s)	Name of Managing Members/Managers		et Address of Each ing Member/Manager		City / State / Zip		
MGRM	RM VALENTIND, NICOLE 818 PALM TR.		AIL	L DELRAY BEACH FL 33483		3483	
mern	im CHERRY, ERIC 1801 S. FER			TO HWY, STUBOO DELLANTERACH, FL 33487			
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tiling th all fees	y that I am managing member/manager or its reinstatement application the reason for sowed by the limited liability company have lade under oath.	dissolution has been eliminated, the	limited liability comp	any name satisfie	s the requirements of section 6	08.406 E.S. and that	
Signature o Managing M	Member/Manage	TO SED	Date	137/03 D	aytime Phone # <u>561/33</u>	80-3003	