

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
2006 JUL -6 PM 1:34
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L03000015097

1. Limited Liability Company's Name

Global Spa Network II LLC

04

PK

CR2E041 (8/05)

2. Principal Office Address

9363 Airport Blvd

Suite, Apt. #, etc.

01A Terminal A

City & State

Orlando, FL

Zip

32827

Country

USA

3. Mailing Office Address

12 Overbrook Rd

Suite, Apt. #, etc.

City & State

Upper Saddle River, NJ

Zip

07458

Country

USA

4. State/Country of Formation

Florida / USA

5. Date Organized or Qualified
To Do Business in Florida

April, 28, 2003

6. FEI Number

510462349

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

CT corporation system

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

1200 South Pine Island Rd

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT

Arlene Bernal

Assistant Secretary

Date

07/05/06

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
member	Gina Stern	12 Overbrook Rd	Upper, Saddle River NJ 07458
			500077161995 07/07/05--01054--003 **\$5.00
			500077161995 07/07/05--01054--004 **\$5.00

REINSTATEMENT 2004-2005

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.408, F.S., and that all fees owed by the limited liability company 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 of
Managing Member/Manager

[Signature]

Date

6/22/06

Daytime Phone #

201-236-0924

Typed or printed name of signing Managing Member/Manager

Gina Stern