L04000057465

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)205-0383

From:
Account Name : ALLSTATE CORPORATE SERVICES CORP
Account Number : I20040000031
Phone : (800)906-9220
Fax Number : (800)906-9880

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LIMITED LIABILITY REINSTATEMENT

SPAVA LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$200.00

J. BRYAN DEC 26 2006

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LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L04000057465

1. Limited Liability Company's Name
SPAVA LLC

CR2E041 (8/05)

2. Principal Office Address		3. Mailing Office Address	
567 Jericho Turnpike		567 Jericho Turnpike	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Syosset, NY		City & State: Syosset, NY	
Zip: 11791	Country: USA	Zip: 11791	Country: USA

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 08-03-2004

6. FEI Number: 20-4224644 ☐ 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: Allstate Corporate Services Corp.

Street Address (P.O. Box Number is Not Acceptable): 653 West 23rd Street

Suite, Apt. #, Etc.: Suite 229

City: Panama City | State: FL | Zip Code: 32405

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 _____ Date 12-21-06

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	TED NICHOLOUDIS	567 Jericho Turnpike	11791
MGRM	NICK ROZAKIS	567 Jericho Turnpike	11791

REINSTATEMENT 2005-06

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 608.508, 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 _____ Date 12/8/06 Daytime Phone # 516-364-5858

Typed or printed name of signing Managing Member/Manager NICK ROZAKIS