



2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L06000075230 1. Entity Name SPA SUCCESS LLC						<div style="font-size: 2em; font-weight: bold;">FILED</div> <div style="font-size: 1.2em;">2009 APR 14 AM 11:18</div> <div style="font-size: 0.8em;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div> 	
Principal Place of Business 5113 BELLTHORN DRIVE ORLANDO, FL 32837 US				Mailing Address 5113 BELLTHORN DRIVE ORLANDO, FL 32837 US			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address				02062009 REIN-LLC CR2E101 (1/07) 4. FEI Number 56-2607326 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country				
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
LAVENDER, KYLE 873 WESTBAY DRIVE 105 LARGO, FL 33770				Name Karr, Vicky Street Address (P.O. Box Number is Not Acceptable) 5113 Bellthorn Dr. Orlando, FL 32837 City FL Zip Code			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE <u>Vicky Karr</u> <small>Signature, typed or printed name of registered agent and title if applicable</small>				DATE <u>4-6-09</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$277.50		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM KARR, VICKY 5113 BELLTHORN DRIVE ORLANDO, FL 32837 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300149457183 04/10/09--01020--020 **277.50		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="font-size: 1.5em; font-weight: bold;">REINSTATEMENT</div>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="font-size: 1.5em;">OK 4-15-09</div>		
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 606, Florida Statutes.							
SIGNATURE: <u>Vicky Karr</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				Date <u>4-6-09</u> Daytime Phone # <u>407-765-8466</u>			