

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L130000119601**

1. Limited Liability Company's Name

Spa Team International, LLC

2. Principal Office Address - No P.O. Box #

2805 East Oakland Park Blvd.

Suite, Apt. #, etc.

B431

City & State

Fort Lauderdale

Zip

33306

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Florida

Zip

Country

4. State/Country of Formation

Florida USA

5. Date Organized or Qualified
To Do Business in Florida

8/23/2013

6. FEI Number

☐ 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

Suzanne Ford

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

2805 East Oakland Park Blvd.

Suite, Apt. #, Etc.

B431

City

Fort Lauderdale

State

FL

Zip Code

33306

**Suzanne Ford
Suzanne Ford
2805 E OAKLAND PARK BLVD B431
FORT LAUDERDALE, FL 33306**

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of
Registered Agent

Suzanne Ford

REGISTERED AGENT

N

Date

3/9/15

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
CEO	Paul Meek	2805 East Oakland Park Blvd. B431	Fort Lauderdale Florida 33306
COO	Suzanne Ford	2805 East Oakland Park Blvd. B431	Fort Lauderdale Florida 33306
300270751643 03/17/15--01036--018 **238.75			
300270751643 03/17/15--01036--019 **138.75			
REINSTATEMENT			
MAR 17 2015			
R. HUNT			

11. E-mail Address: **paul@spateaminternational.com**

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/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 605.0012, 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. I am aware that false information submitted to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of

Authorized Representative/ Manager

Date

12/2/2014

Daytime Phone #

561 3062603

Typed or printed name of signing Authorized Representative/Manager

PAUL MEER