## 2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# N06000013149

FILED Sep 18, 2007 Secretary of State

Current Principal Place of Business:		New Prince	New Principal Place of Business:	
969 S PARK ALLANDALE				
urrent Mailing Address:		New Mailing Address:		
991 S PARK RD HALLANDALE, FL 33309		1969 SOUTH PARK ROAD HALLANDALE, FL 33309		
	FEI Number Applied For (X) FEI with s. 607.193(2)(b), F.S., the corporation did not received the second sec	•		
SPA CORPO 0 E LAS OLA	DRATE SERVICES INC AS BLVD SUITE 1000 IALE, FL 33301 US			
PA CORPC DE LAS OLA LAUDERDA e above nar the State of	AS BLVD SUITE 1000 PALE, FL 33301 US  med entity submits this statement for the purpos Florida.  ROBERT W. BARRON, VICE PRESIDENT	e of changing		
SPA CORPC 00 E LAS OL/ 1 LAUDERD, ne above nar the State of I GNATURE:	AS BLVD SUITE 1000 PALE, FL 33301 US med entity submits this statement for the purpos Florida.		its registered office or registered agent, or both,  Date  NS/CHANGES TO OFFICERS AND DIRECTOR	
SPA CORPC 0 E LAS OLA LAUDERDA the above nare the State of B GNATURE: FFICERS AN e: me: dress:	AS BLVD SUITE 1000 PALE, FL 33301 US  med entity submits this statement for the purpos Florida.  ROBERT W. BARRON, VICE PRESIDENT Electronic Signature of Registered Agent		Date	
SPA CORPC 0 E LAS OL/ LAUDERD, ne above nar the State of I	AS BLVD SUITE 1000 PALE, FL 33301 US  med entity submits this statement for the purpos Florida.  ROBERT W. BARRON, VICE PRESIDENT Electronic Signature of Registered Agent  ND DIRECTORS:	ADDITION Title: Name: Address:	Date  NS/CHANGES TO OFFICERS AND DIRECTOR  D ( ) Change (X) Addition BARRON, ROBERT W 350 E. LAS OLAS BLVD., SUITE 1000	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT W. BARRON D 09/18/2007