

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000006653

1. Corporation Name

LE' SWISSE SPA, INC.

Principal Place of Business

Mailing Address

5206 SANTA ROSA COURT
CAPE CORAL FL 33904

5206 SANTA ROSA COURT
CAPE CORAL FL 33904

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

1113 S.E. 47th Terrace

Suite, Apt. #, etc.

Suite 5

City & State

Cape Coral, FL

Zip

33904

Country

3. New Mailing Office Address, If Applicable

1113 S.E. 47th Terrace

Suite, Apt. #, etc.

Suite 5

City & State

Cape Coral, FL

Zip

33904

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/13/2000

5. FEI Number

65-0979662

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Title(s) | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
|----------|--------------------------------------|---|-----------------------|
| PVST | WEICHERT, DARCI | 5206 SANTA ROSA COURT | CAPE CORAL FL 33904 |
| D | WEICHERT, DARCI | 5206 SANTA ROSA COURT | CAPE CORAL FL 33904 |
| | | | 708004673127-2 |
| | | | -11/08/01--01080--001 |
| | | | ****758.75 ****758.75 |
| | | | |
| | | | |
| | | | |
| | | | |

8. Name and Address of Current Registered Agent

WEICHERT, DARCI L
5206 SANTA ROSA COURT
CAPE CORAL FL 33904

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Darci Weichert REQUIRED

REGISTERED AGENT MUST SIGN

Date

10-18-01

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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:

Darci Weichert REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-18-01 941-542-7457

Daytime Phone #