

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
REINSTATEMENT

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



DOCUMENT # P00000014304

1. Corporation Name

BODY SPA II PRODUCTS INC.

Principal Place of Business

HOLLY WOOD EXECUTIVE CENTER
1001 N FEDERAL HWY STE 104
HALLANDALE FL 33009

Mailing Address

HOLLY WOOD EXECUTIVE CENTER
1001 N FEDERAL HWY STE 104
HALLANDALE FL 33009

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

2. New Principal Office Address, If Applicable

Coral Gables

Suite, Apt. #, etc.

115
MADRID AV.

City & State

FL 33134

Country U.S.A.

3. New Mailing Office Address, If Applicable

Coral Gables

Suite, Apt. #, etc.

115 MADRID AV.

City & State

FL 33134

Country U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

02/10/2000

5. FEI Number

☒ 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
1	2	3	4
Pres	Angelini CHRIS	115 MADRID AV	FL 33134

8. Name and Address of Current Registered Agent

ANGELINI, CHRIS
888 BRICKELL KEY DRIVE #605
MIAMI FL 33131

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

REGISTERED AGENT MUST SIGN

Date

11/29/01

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/29/01

CR2E040 (801)

To whom it may
Concern:

We have applied
for our FEI number and
sent you the paper indicating
that on our renewal papers
you sent us. The \$150 has
been cashed by your department.
Please waive all late charges
and reinstate our corporation.

Thank you,
Chris Angelini