

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 FEB 26 AM 8:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600029570866
03/01/04--01020--016 **600.00

REINSTATEMENT 01-04

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000017064

1. Corporation Name

TOTAL SPA SERVICE, INC.

2. Principal Office Address

12001 44 STREET N

Suite, Apt. #, etc.

City & State

CLEARWATER, FL

Zip

33762-5108

Country

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/14/2000

5. FEI Number

59-3626638

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

KENNETH POTTER

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

12001 44 STREET N

Suite, Apt. #, Etc.

City

CLEARWATER

State

FL

Zip Code

33762-5108

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

2-23-04

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRESII	KENNETH POTTER	12001 44 STREET N	CLEARWATER, FL 33762

10. 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

2-23-04

Daytime Phone #

CR2E081 (01/04)

12/02/03

Department of State
Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee , Florida 32314

Dear Sir/Madam:

Enclosed is a check in the amount of \$ 600.00 which represents our annual fees and corporate supplemental fees from 2001 through 2004.

I was shocked when I recently discovered that my corporation had been dissolved. I never received my annual report in the mail. Unfortunately , the address on file with the division of corporations was my old business address. I was never forwarded the reports. We have always tried to use ordinary business care & procedures. There was never any willful neglect of the law. I am now fully aware of the annual fees due to the state of Florida.

Based on the information provided I am requesting that you please waive the reinstatement fee of \$ 600.00. I apologize for any inconvenience this may have caused. Thank you for your immediate attention into this matter.

Sincerely



Kenneth Potter
President