


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P00000079119

1. Corporation Name

MAGNOLIA SKIN & BODY SPA, INC.

Principal Place of Business

Mailing Address

23007 BEACHNUT COURT
LUTZ FL 33549

23007 BEACHNUT COURT
LUTZ FL 33549



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

2. New Principal Office Address, If Applicable

24836 SR. 54

Suite, Apt. #, etc.

City & State

LUTZ FL.

Zip

33549

Country

PASCO

3. New Mailing Office Address, If Applicable

24836 S.R. 54

Suite, Apt. #, etc.

City & State

LUTZ FL.

Zip

33549

Country

PASCO

4. Date Incorporated or Qualified
To Do Business in Florida

08/15/2000

5. FEI Number

65-1074396

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	POROSLAY, ATTILA	23007 BEACHNUT COURT	LUTZ FL 33549
D	POROSLAY, GIZELLA I	23007 BEACHNUT COURT	LUTZ FL 33549
			300004670913--2 -11/07/01--01054--011 ***150.00 ***150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

REIBER, JACOB O. I.
23007 BEACHNUT COURT
LUTZ FL 33549

26650 Hwy 54

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

 **SIGNATURE REQUIRED**
REGISTERED AGENT MUST SIGN

Date

10-15-01

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:

ATTILA POROSLAY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/15/01

Daytime Phone #

(813) 948-4001

CR20040 (8/01)

TO
WHOM IT MAY CONCERN.

FOR SOME UNKNOWN REASON, WE NEVER GOT
THE FILING FORMS FOR "MAGNOLIA SKIN & BODY SPA INC."
WE RECEIVED A NOTICE OF DISSOLUTION ON 10/13/01.
AS PER OUR TELEPHONE CONVERSATION ON 10/15/01,
HERE WE ATTACH OUR CHECK, IN AMOUNT OF \$15000
AND THE FILLED OUT REINSTATEMENT FORM.

PLEASE KINDLY CONSIDER THE ABOVE AND RE-
INSTATE OUR ACTIVE STATUS.

WITH RESPECT.

ATTILA POROSLAV PRES.

