

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

01-02

FILED

02 JUL -8 AM 11:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name Agua Blue Spa, Inc.

50000083814

500006325345--9

-07/11/02--01024--010

****300.00 ****300.00

2. Principal Office Address

3. Mailing Office Address

PO Box 372385

1300 Wiley St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#1

City & State

City & State--

Key Largo FLA

Hollywood FLA ~~33019~~

Zip 33037

Country USA

Zip 33019

Country USA

4. Date Incorporated or Qualified To Do Business in Florida

8/3/00

5. FEI Number

65-105-0101

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

Kimberly Cooke

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

1300 Wiley Street

Suite, Apt. #, Etc.

Apt # 1

City

Hollywood

State
FL

Zip Code

33019

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 6/16/02

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
<u>Pres</u>	<u>Kimberly Cooke</u>	<u>1300 Wiley St. / Hollywood</u>	<u>Hollywood FLA 33019</u>

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/16/02

Date

Daytime Phone #

CR2E081 (9/00)

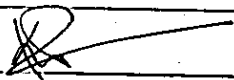
Florida Dept of State
Division of Corporations
PO Box 6327
Tallahassee, Fla 32314

June 16, 2002

Please accept this Letter and Corporation
Reinstatement Application. Enclosed is a check for
\$300.00 for Back Uniform Business Report.

I did not receive this application. I
also added \$8.75 for a Certificate of Status.

Thankyou for your assistance in
this matter.



Kim COOKE

Agua Blue Spa Inc