## 2006 FOR PROFIT CORPORATION REINSTATEMENT

SIGNATURE:

SIGNATURE AND TYPE

## DOCUMENT # P01000010765 FILED 1. Entity Name RELEAF DAY SPAS OF AMERICA, INC. 07 FEB 23 PM 1:46 ell (Aut 0) STATE Principal Place of Business Mailing Address TALLAGASSEE, FLORIDA 403 S BRYAN CIRCLE 403 S BRYAN CIRCLE BRANDON, FL 33511 BRANDON, FL 33511 2. Principal Place of Business 3. Mailing Address PEINSTATEMENT ... OU -- 07 Suite, Apt. #, etc. Suite, Apt #, etc. City & State City & State 4. FEI Number Applied Fo 59-3568031 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RYAN, POLLY Street Address (P.O. Box Number is Not Acceptable) **403 S BRYAN CIRCLE** BRANDON, FL 33511 Zip Code City FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent algoriture required when reinstating) DATE In accordance with s. 607.193(2)(b), F.S., the FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$300.00 corporation did not receive the prior notice. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. ☐ Addition ☐ Delete TITLE Change TITLE RYAN, POLLY NAME 403 S BRYAN CIRCLE STHEET ADDRESS STREET ADDRESS 10/04/06 01039 024 150-00 CITÝ-ST-ZIP CITY-ST-ZIP BRANDON, FL 33511 Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP Change ☐ Addition TITLE NAME NAME 900089982639 03/02/07--01004--007 \*\*19 STREET ADDRESS STREET ADDRESS \*\*150.00 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachme like empowered

November 21, 2006

Florida Dept of State Division of Corporations P O Box 6327 Tallahassee, FL 32301

Dear Sirs:

I am writing a letter of explanation to the reinstatement section regarding correspondence I received saying I did not file the 2006 report before September 15 and my corporation, Releaf Day Spas of America, document #PO1000010765, would be revoked.

I did not receive the notice to file until September 22, 2006 and mailed it out the very next day on September 23, 2006. I had received no prior notices. Check 33795 for \$150.00 was received and cashed by your department in a timely fashion. The post office somehow delayed the delivery of the notification to me. Since the circumstances of receiving the notice very late were beyond my control, I am asking if you would be able to work with me to have it reinstated without the additional fees. I will be very grateful.

Thank you.

Sincerely,

Polly Ryan-President

Releaf Day Spa

Document # PO1000010765

Releaf Day Spas of America, Inc.