

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

112

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 JAN 20 AM 10:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600066555796
02/24/06--01014--016 **300.00

DOCUMENT # **701000025740**

1. Corporation Name

The Perfect 10 Spa, Inc.

2. Principal Office Address

4531 N. Wickham Rd
Suite, Apt. #, etc.

3. Mailing Office Address

4531 N. Wickham Rd
Suite, Apt. #, etc.

City & State

Melbourne, FL

Zip

32935

Country

USA

City & State

Melbourne, FL

Zip

32935

Country

USA

REINSTATEMENT

0506

4. Date Incorporated or Qualified
To Do Business in Florida

3.8.01

5. FEI Number

59-3709516

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

Anna Maria Pety

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

4531 N. Wickham Rd

Suite, Apt. #, Etc.

City

Melbourne

State

FL

Zip Code

32935

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

Anna Maria Pety

REGISTERED AGENT MUST SIGN

Date

1/17/06

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
P	Anna Maria Pety	4531 N. Wickham Rd	Melbourne/FL/32935
T	Anna Maria Pety	4531 N. Wickham Rd	Melbourne/FL/32935
S	Anna Maria Pety	4531 N. Wickham Rd	Melbourne/FL/32935

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 contained in Chapter 119, 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:

Anna Maria Pety
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/17/06

Daytime Phone #

(321) 255-6398

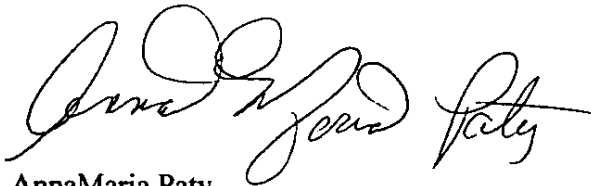
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January 17, 2006

To Whom It May Concern: P01000025740

Do to hurricane Francis my business was destroyed. I have been rebuilding for 18 months. I have reopened in a new location as of Dec 4, 2005. I didn't receive the 60 day notification of intent to dissolve corporation, failure to maintain a registered agent. Under the circumstances I'm asking to waive the reinstatement fees. My new location address is enclosed.

Thank you,

A handwritten signature in cursive script, appearing to read "AnnaMaria Paty".

AnnaMaria Paty
President