

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 OCT 30 AM 10:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000047763

1. Corporation Name

SPA RETREATS, INC.

Principal Place of Business

10313 RIVERBURN DRIVE
TAMPA FL 33647
US

Mailing Address

10313 RIVERBURN DRIVE
TAMPA FL 33647
US

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/14/2001

5. FEI Number

59-3717571

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4

500008701595
10/30/02--01085--012 **150.00

8. Name and Address of Current Registered Agent

PILLER, ADELL
8845 W. MILLPOINT RD.
RIVERVIEW FL 33569

9. Name and Address of New Registered Agent

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. or 617.0505, F.S.

Signature of
Registered Agent

Adelle Piller
SIGNATURE REQUIRED

Date

Oct 26, 2002

REGISTERED AGENT MUST SIGN

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:

Adelle Piller
SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Oct. 26, 2002

Daytime Phone #

813/994-9726

Spa Retreats, Inc

10313 Riverburn Dr.
Tampa, Florida 33647
813 994 9726

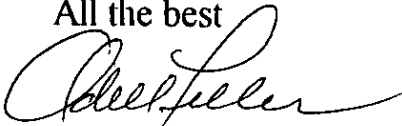
10/26/2002

Re: Application for Reinstatement

To Whom It May Concern:

I spoke with a state representative last week and explained I did not receive at least two prior uniform business report notices. So I am enclosing \$150.00 payment for my corporation to bring me up to date, as per that conversation. Thank you for your help and assistance in this matter.

All the best



Adell Piller