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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 JAN 26 AM 10:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000092831

1. Corporation Name
GARDEN OF EDEN SPA + AESTHETICS INC

REINSTATEMENT 03-04

2. Principal Office Address	**3.** Mailing Office Address
Susan Archuleta	
Suite, Apt. #, etc.: 18726-50th ST. North	Suite, Apt. #, etc.
City & State: Loxahatchee FL	City & State
Zip: 33470 Country: P.B.C	Zip Country

000026329250
01/07/04--01024--001 **750.00

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: Susan Ramcharan

Street Address (P.O. Box Number is Not Acceptable): 510 Business Park Way Ste B

000026329250
01/26/04--01033--003 **300.00

Suite, Apt. #, Etc.: Suite B

City: Royal Palm Beach | State: FL | Zip Code: 33411

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: Sue Ramcharan — Date: 12-12-2003
REGISTERED AGENT MUST SIGN

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	Susan Archuleta	18726-50th St. No	Loxahatchee FL 33470
V	Rudy Alexander Archuleta	18726-50th St No.	Loxahatchee FL 33470

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: — 1-2-2004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #