

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Secretary of State  
DIVISION OF CORPORATIONS

03 JAN -3 AM 11:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000120148

1. Corporation Name

LILLYPILLY DAY SPA, INC.

2. Principal Office Address

1237 Lady Marion Lane

Suite, Apt. #, etc.

3. Mailing Office Address

1237 Lady Marion Lane

Suite, Apt. #, etc.

City & State

Dunedin Florida 34698

City & State

Dunedin Florida 34698

Zip

34698

Country

U.S.

Zip

34698

Country

U.S.

4. Date Incorporated or Qualified  
To Do Business in Florida

12/19/2001

5. FEI Number

80-0004897

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

Thomas O. Michaels, Esq.

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

1370 Pinehurst Rd.

Suite, Apt. #, Etc.

City

Dunedin

State

FL

Zip Code

34698

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

*Thomas O. Michaels, Esq.*

Date 12/30/02

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
D. S. T. P.	Jane E. Mundy	6031 Fall River Dr.	Port Richey, Fl. 34688
D. V. P.	Therese M. Degenhart	951 Hamilton Ct.	Palm Harbor, Fl. 34683

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

*Therese M. Degenhart*  
Therese M. Degenhart

Date

12/30/02

Daytime Phone #

727-738-0538

CR2E081 (9/01)

g/117

December 30, 2002

**VIA FEDERAL EXPRESS**

Florida Department of State  
Division of Corporations  
409 East Gaines Street  
Tallahassee, Florida 32399 LillyPilly Day Spa, Inc.

Re: LillyPilly Day Spa, Inc., 2002 Annual Report;  
Document # P01000120148

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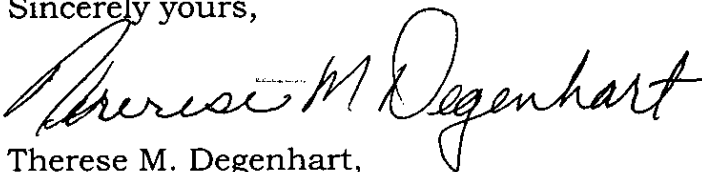
Dear Madam/Sir,

Enclosed with this cover letter you will find a completed Corporation Reinstatement Form from LillyPilly Day Spa, Inc., for the year of 2002. Also, please find enclosed a check in the amount of \$300.00 for the 2002 Annual Fee and the 2003 Annual Fee. It is being requested in behalf of this corporation, that any late fees or reinstatement fees be waived for failure of it to timely file in the year 2002.

The person in charge of receiving the Annual Report Forms and filing them was June M. Share. Unfortunately, Ms. Share became ill with cancer in the earlier part of this year and then died in late August 2002. You will find enclosed a copy of her Death Certificate. I am in the process of cleaning up all the paperwork left over from her unfortunate death and discovered that she did not have this corporation file it's Annual Report. Therefore, this is being submitted to you and it is being requested that due to the unusual circumstances of Ms. Share's death and loss of the registration form that any additional fees be waived.

If there is anything else you may need in this regard, please do not hesitate to contact me.

Sincerely yours,



Therese M. Degenhart,  
Director  
LillyPilly Day Spa, Inc.  
1237 Lady Marion Lane  
Dunedin, Florida 34698  
(727) 738-0538