

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10 APR 27 PM 2:00

DOCUMENT # P02000033690

1. Corporation Name

The Body Studio, Inc.

2. Principal Office Address - No P.O. Box #  
260 Crandon Blvd.

3. Mailing Office Address  
260 Crandon Blvd.

Suite, Apt. #, etc.  
Suite 15 & 16

Suite, Apt. #, etc.  
Suite 15

City & State  
Key Biscayne, FL

City & State  
Key Biscayne, FL

Zip Country  
33149 USA

Zip Country  
33149 USA

000178058210  
04/27/10--01026--002 \*\*900.00  
**REINSTATEMENT** (1/09) 09-10

4. Date Incorporated or Qualified To Do Business in Florida 3-27-02

5. FEI Number 020595446 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 Cesar Gomez, Esq.

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

Suite, Apt. #, Etc.  
Suite 14

City Key Biscayne

State Zip Code  
FL 33149

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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  Date 4/22/10

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	Kevin M. Bilka	260 Crandon Blvd.#15 & 16	Key Biscayne, FL 33149

10. E-mail Address: mail@salagomezpa.com

(To be used for future annual report notification)

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. I further certify, 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:  Kevin M. Bilka 4/22/10 (305) 361-0105

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #