PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. 1 of 2

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 OCT 21 PM 2:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000036002**

1. Corporation Name

PARADISE DAY SPA, INC.

Principal Place of Business	Mailing Address
13810 SUTTON PARK DR STE 220 JACKSONVILLE FL 32224	13810 SUTTON PARK DR STE 220 JACKSONVILLE FL 32224

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

03

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
12192 Beach Blvd	12192 Beach Blvd
Suite, Apt. #, etc.: Suite 1	Suite, Apt. #, etc.: Suite 1
City & State: Jacksonville FL	City & State: Jacksonville FL
Zip: 32246 Country: USA	Zip: 32246 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 03/27/2002

5. FEI Number: ☑ 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
D	BORDELON, MELISSA	13810 SUTTON PARK DR STE 220	JACKSONVILLE FL 32224

REINSTATEMENT

700023965167
10/21/03--01040--003 **150.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
BORDELON, MELISSA 13810 SUTTON PARK DR STE 220 JACKSONVILLE FL 32224	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City / State: FL / Zip Code

CR2E040 (7/03)

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: [signature] Date: 10-10-03

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: [signature] 904-646-9622 10-10-03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

BR

10-10-03 2/2

Dear Sirs:

Paradise Day Spa did not recieve any UBR notices. This is our first year in business and we were unaware we had to send this in each year.

~~Please send a copy of the UBR~~ form to us at the CORRECTED address ~~and we~~ along with any information you may have on when the UBR is due & how often it is filed, any amount due, etc. We will send this in promptly. I am enclosing the check for $150 along with the reinstatement form.

Thanks

904 646 9622
(after 2pm)