

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # PO2000047217

1. Corporation Name

Spa management solutions, Inc

2. Principal Office Address

20832 San Simeon way

Suite, Apt. #, etc.

62B

City & State

miami FL

Zip

33179

Country

US

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

E. Peterson JAN 18 2006

9007 81 N JAN 18 2006

4. Date Incorporated or Qualified  
To Do Business in Florida

4-30-2002

5. FEI Number

88-0423394

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

Tammy Pahel

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

20832 San Simeon way

Suite, Apt. #, Etc.

62B

City

miami

State

FL

Zip Code

33179

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

1-2-06

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

| Titles   | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip     |
|----------|--------------------------------------|---|------------------------|
| <u>P</u> | <u>Tammy Pahel</u>                   | <u>20832 San Simeon way 62B</u>                   | <u>miami, FL 33179</u> |
| <u>V</u> | <u>Scott Vogel</u>                   | <u>20832 San Simeon way 62B</u>                   | <u>miami, FL 33179</u> |
|          |                                      |   |                        |
|          |                                      |   |                        |
|          |                                      |   |                        |
|          |                                      |   |                        |

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 contained in Chapter 119, 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-2-06

Daytime Phone #

305-655-0419

FILED

06 JAN 18 PM 3:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT

04/06

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*Spa Management Solutions, Inc.*

To Whom It May Concern:

I received a letter that Spa Management Solutions, Inc. needed to be reinstated. I was told letters have been sent out to us, but we never received those letters. I believe our old address is on file. On the corporation reinstatement form I have our new address.

If you should have any questions please let me know?

Thanks,

Tammy Pahel/President