

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 NOV 13 PM 4:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000063312

1. Corporation Name

Spa Bellissima
208 Island Ave.
Sarasota, FL 34242

200024917752
11/21/03--01015--012 **150.00

2. Principal Office Address

2100-A Proctor Rd

Suite, Apt. #, etc.

3. Mailing Office Address

208 Island Ave

Suite, Apt. #, etc.

City & State

Sarasota, FL

City & State

Sarasota, FL

Zip

34231

Country

Sarasota

Zip

34242

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

11/1/03

5. FEI Number

01-0724638

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$875 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

J.S.I. Enterprises, J. Brian Johnson

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

1008 Myrtle Ave.

Suite, Apt. #, Etc.

City

Venice

State

FL

Zip Code

34285

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

J. Brian Johnson
REGISTERED AGENT MUST SIGN

Date 10/5/03

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
owner	IKbal Joseph	208 Island Ave.	Sarasota, FL 34242

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

941-924-1302

CP2E081 (10/02)

J.S.I. Enterprises

Accounting/Income Tax Services

J. Brian Johnson

1008 Myrtle Ave

Venice, Fl. 34292

(941) 484-9127

(941) 484-9505 Fax

October 14, 2003

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Fl. 32314

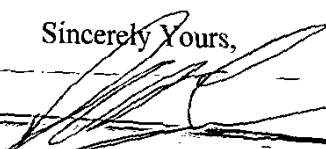
Re: Administrative Dissolution of Corporation
SPA BELLISSIMA

Document # P020000663312

Dear Sir,

The above named corporation was filed on 06-07-2002. At that time we were under construction on a location. Before all the permits were pulled we were declined the operating permit because of parking issues. We gave up this location. We obtained a different location in April of 2003. We mistakenly did not file the 2002 UBR report. We request reinstatement of the corporation as well as waiving of the fee.

Sincerely Yours,


Ikbal Joseph