

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION  
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

2007 JAN 22 AM 10:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** 02000065996  
**1. Corporation Name** EDEN MASSAGE & SPA, INC.

300086474168

01/30/07--01005--024 \*\*600.00

CR2E081 (1/07)

**2. Principal Office Address - No P.O. Box #**  
2821 E. Commercial Blvd  
**3. Mailing Office Address**  
191 NE 210 Street

**City & State**  
Fort Lauderdale, FL.  
**City & State**  
Miami FL.  
**Zip** 33308 **Country** Broward  
**Zip** 33179 **Country** Dade

**4. Date Incorporated or Qualified To Do Business in Florida**  
June 13, 2002

**5. FEI Number**  
81-0557010

**6. CERTIFICATE OF STATUS DESIRED** ☐ \$2.75 Add'l. Gral Fee required for a Certificate of Status

**7. Name and Address of Current Registered Agent**  
**Name**  
GRACE PAUL  
**Street Address (P.O. Box Number is Not Acceptable)**  
191 NE 210 St  
**Suite, Apt. #, Etc.**  
**City** Miami **State** FL **Zip Code** 33179

☒ 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** [Signature] **Date** 11/7/2007  
**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
President	GRACE PAUL	191 NE 210 street	miami, FL. 33179

**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] **Date** 11/7/2007 **Daytime Phone #** 954) 771-5904  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

*BGP 2012*

January 17, 2007

Eden Massage & Spa, Inc.  
C/o Grace Paul  
191 NE 210 Street  
Miami, FL 33179  
(954) 771-5904

Department of State  
Division of Corporation  
P.O. Box 6327  
Tallahassee, FL 32314

To Whom It May Concern:

RE: REINSTATEMENT: FEI # 81-0557010

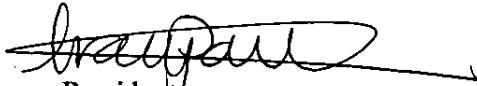
I am writing this letter to reinstate the corporation business name "Eden Massage & Spa, Inc/ FEI # 81-0557010. I have just found out that the business name was dissolved and it has been inactive since 2004. I did not filing the registration name because I did not receive the filing notice. I do not know how did that happened. The only reason I could think of is because I have moved from Fort Lauderdale down to Miami. At that moment, most of my mails were not getting to me properly. Please correct my mailing address from you office.

I am requesting the reinstatement fee to be waived if possible. I would certainly appreciate it. Enclosed is six hundred dollars (\$600.00) for the filing fees from 2004 to 2007.

Thank you for your corporation.

Sincerely,

Grace Paul

  
President